



County Borough of Southampton.

Annual Report

ON THE

SCHOOL MEDICAL SERVICE

For the Year 1937,


BY

H. C. MAURICE WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.,

School Medical Officer and Medical Officer of Health

OF THE

County Borough and Port of Southampton.



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COUNTY BOROUGH of SOUTHAMPTON.
1937.

ANNUAL REPORT

OF THE
Medical Officer to the Education Committee
ON THE
SCHOOL MEDICAL SERVICE.

STAFF.

Medical Officer of Health and School Medical Officer :—

H. C. MAURICE WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.

Senior Assistant School Medical Officer :—

J. D. DEAR, M.B., CH.B., D.P.H. (Left 30/9/1937).

G. D. PIRRIE, M.B., B.CH., M.R.C.S., L.R.C.P., D.P.H.

(Commenced 27/12/1937).

Assistant School Medical Officers :—

A. CARLING, B.M., CH.B., D.P.H.

JULIA C. H. AVERY, M.D., B.S., M.R.C.S., L.R.C.P.

†S. CHALMERS PARRY, M.R.C.S., L.R.C.P., D.P.H.

†DORA E. L. BUNTING, M.D., B.S., D.P.H.

(† Secondary Schools only).

Ophthalmic Surgeon (part time) :—

J. KEYMS, M.D., D.O.M.S.

Aural Surgeon (part time) :—

R. EVANS, M.D., F.R.C.S., D.L.O. (Left 31/1/1937).

A. RUSSELL, M.B., CH.B. (Commenced 1/3/1937).

Orthopædic Surgeon (part time) :—

H. HEBER LANGSTON, M.B., B.S., F.R.C.S.

Dental Surgeons :—

K. W. EADY, L.D.S., R.C.S. (Senior Dental Officer).

L. J. HAWORTH, L.D.S., R.C.S.

H. E. PICKERING, L.D.S., R.C.S.

B. GILBERT, L.D.S., R.C.S.

Health Visitors and School Nurses :—

Superintendent :—Miss C. M. RITCHIE.

Assistant Superintendent :—Miss F. E. LAMBERT.

Health Visitors :—Miss L. PRESTON, Miss M. PINK, Miss G. BRYETT, Miss D. QUARRELL, Mrs. E. STEPHENS, Miss L. CAMBRIDGE, Miss G. STEER, Miss K. CLACK, Miss C. JENKINS, Miss M. HOLT, Mrs. M. RIDGEWAY, Miss R. CHAPMAN, Miss D. GIRDLER, Miss G. RICHENS, † Miss A. JACKSON.

(† Resident at Summer School while open).

East Park Terrace Clinic :—*Miss A. RYDER.

Sydney House Clinic :—Miss M. C. SAMSON.

Orthopædic Nurse and Masseuse :—Miss G. SIMONS, C.S.M.M.G.

Assistant Nurses :—*Miss M. G. LAUDER, *Miss F. V. FRENCH.

(With the exception of those marked *, who are full time members of the School Medical Department, the Health Visitors give 4/15ths of their time to the School work).

Clerical Staff :—

Senior Clerk :—J. E. G. HARRIS, A.C.I.S.

Clerks :—G. A. LANE, Miss J. A. TINGEY, Miss F. V. FRENCH (left 27/9/1937), Miss E. D. KLITZ (commenced 6/10/1937), Miss D. REED, G. FOLLETT.

To the Chairman and Members of the

Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

As Medical Officer to the Education Committee, I have the honour to submit my seventh Annual Report. This document is the thirtieth of the series dealing with the work of medical inspection, treatment, and the physical condition of the children attending the Elementary Schools in the County Borough, and the eighteenth report on work carried out in the Secondary Schools.

I have to report the transfer of the offices of the Department. With the closing of the Maternity Home, it was decided to utilise the first floors of the premises, Nos. 1 and 2 East Park Terrace, for the administrative section of the School Medical Department. The offices vacated at the Vicarage were allotted to the Maternity, Child Welfare, and Midwifery Services. The new premises provide more accommodation, which has been most useful to house the increasing collection of records.

The rooms that have been specially decorated for the use of the Child Guidance Clinic are now ready. The posts of Psychiatrist, Psychologist and Social Worker have been filled, and the first Clinic will be held in March, 1938.

Those who have to deal with the education of children feel that Child Guidance work will, in the future, take a more prominent place in the care of school children, and it is interesting to note that within a few days of the public announcement of the opening of a Clinic in Southampton, requests were received from several sources for the examination of children.

The aim of the Clinic is to give advice on the health and education of children who are difficult, ill-behaved, nervous, and especially delinquent. The normal procedure is for one of the parents (usually the mother) to be seen and the general situation reviewed; the child is afterwards examined both physically and psychologically, and the home and school visited; thus the child is observed at work and at play.

In Southampton the accommodation provided for this Clinic consists of a Play Room, a Waiting Room, and three rooms for the use of the Psychiatrist, Psychologist and the Social Worker. The Social Worker, as her name implies, will visit the homes and interview the parents in order to obtain the necessary information of the child's social environment. The Psychologist will obtain information as to the child's abilities and outlook, and the information gathered will help the Psychiatrist in her examination of the child. It must be realised that Child Guidance work is still somewhat in the experimental state, and I would advise the Committee not to look for rapid or spectacular results.

The Speech Clinic has continued to progress, and the establishment of the Child Guidance Clinic should be of help to the Speech Therapist.

Alterations and re-decorations found necessary prevented the opening of the Artificial Light Clinic at Sydney House before September, and a description of the work carried out since that date will be found in the body of my Report.

The approval of the Board of Education to the building of the new Orthopædic Clinic was received, and work should be commenced on this centre early in 1938. The necessity for the new Clinic will be realised when it appears that over 6,000 children attended this year for remedial exercises. This number is much too large for our present limited accommodation, and it is impossible to get the best results from the work of the Masseuse.

The Health Committee decided at their November meeting to proceed with the erection of a new X-ray and Electrical Department at the Borough Hospital. The scheme submitted provides for a complete Unit with X-ray and Actinotherapy sections on a site opposite Portswood Ward.

There will be a Waiting Room with seating for fifty, and lavatory accommodation for both sexes.

The Consulting Room, although planned with the X-ray Unit and described later, has easy access to the Waiting Room for the interviewing of patients. A Record Room is provided in close connection with the Consulting Room and the Waiting Room.

The X-ray and Actinotherapy sections are planned about a central service corridor; the changing rooms, each equipped with changing cubicles and twenty metal clothes lockers, shower, lavatory and W.C., serving both Sections. A Plaster Room equipped to serve the dual purpose of plaster room and recovery room, and the staff cloaks and lavatory also serve both sections.

X-RAY SECTION.

This Section comprises a Main Radiographic and Screening Room equipped with combination shockproof radiographic and screening table in addition to screening gear and high tension generators for specialized investigations of the gastro-intestinal tract and short time radiography respectively.

An Auxiliary X-ray Room with access from both the main radiographic room and service corridor, is provided with a simple radiographic table, to enable the mobile unit to be used for simple radiography. A dental chair and a dental X-ray unit is also provided in this room, which forms a store for the mobile unit and electro-cardiograph.

A room equipped for Superficial Therapy is provided with direct access to the service corridor adjoining a fully protected Operator's Room, in addition to an electric generator and transformer room.

ACTINOTHERAPY SECTION.

Accommodation has been provided for radiant heat and massage, together with a cubicle equipped with a duo-therapy Unit for general body irradiation and regional ultra-violet/infrared treatment. A second cubicle is equipped with treatment couch, chair and Kromayer lamp for intensive application of ultra-violet light applied locally to deep seated skin conditions, ear, nose and throat infections, etc.

The Unit has been planned in accordance with the latest practice, providing the essential accommodation for a Unit serving a general hospital of 500 beds, and is to be equipped with modern shockproof apparatus, while allowance has been made for the service corridor to be extended to allow for any future extensions.

Several changes have taken place among the staff during the year. Dr. J. D. Dear left in September to take up the appointment of Medical Officer of Health of Portland. Dr. Dear had been associated with the School Medical Department since 1927, and his place will be taken by Dr. G. D. Pirrie, who has previously worked under the Surrey County Council. Mr. R. Evans left in January, and the post of Aural Consultant was filled by the appointment of Mr. A. Russell.

Changes also occurred among the Dental, Health Visiting and Clerical staffs.

I regret to report that the Corporation were unsuccessful in obtaining Parliamentary powers for the proposals in their last Bill for supervising the sanitary condition of the private schools in the town. You will remember that extracts from a report on the condition of private schools were printed in my last report.

In the report it will be noticed from the statistical tables that the percentage of children with sub-normal nutrition has increased very considerably. The matter has been taken up with my Assistant Medical Officers, and the difficulties of assessment have been discussed ; this difficulty is a National one, and a great deal of work has taken place and is taking place in an endeavour to standardise the methods of assessment of nutrition, but so far no one satisfactory method has been discovered. Differing standards have been discovered in Southampton, and we have endeavoured to attain a greater degree of uniformity. I feel that the increase shown can be largely accounted for by the fact that during the year we have had numerous changes in the medical staff, and I do not think that the condition of the children differs much from that of past years. Average heights and weights have increased, although in some schools we have been led to suspect the accuracy of the scales, despite periodical testing for the past two years.

More children were referred for treatment for defective vision especially in the eight-year-old group, but the incidence of squint and other defects of the eyes has diminished. The number of children referred from routine medical inspection for the treatment of chronic tonsillitis and adenoids was the lowest since 1933.

and it is somewhat difficult to account for the sudden fall in the numbers. The low incidence of infectious disease may have been responsible ; at the same time, medical opinion has been changing with regard to the removal of tonsils merely on account of enlargement.

Fewer cases of ear disease and defects of hearing were found this year, and this may be to some extent a corollary of the lower incidence of septic tonsils and adenoids.

There was a considerable increase in the number of orthopædic and postural defects found to require treatment and observation.

We have continued to examine children employed out of school hours.

It has been possible to carry out many more re-inspections in the schools this year, and we hope to increase the number still further in 1938.

The question of cleanliness has been under consideration. Conditions do not appear to have improved, and, in a number of instances, reports have been sent to the Secretary to the Education Committee so that warnings could be given to the parents. It seems in certain families that every member is infected, and children leaving the cleansing station free from vermin are found to be re-infected in a few days. We have, in certain cases, cleansed every member of the family, including the parents, in an effort to solve this problem, and have also disinfected the home. The local branch of the N.S.P.C.C. has certain families under observation, and consideration has been given to the possibility of taking proceedings to remove the children to a place of protection. The extension of our present facilities for cleansing would appear to be indicated ; but I should like to stress that it is the duty of parents to cleanse their children and not that of the Local Authority. We have, in the past, prosecuted under the Non-Attendance Bye-laws, but I am seriously considering the advisability of proceeding under the Education Act. This permits us to remove children from school and take them to a proper place for cleansing, and detain them until cleansing is completed. Then, if it is necessary to proceed under the Section a second time, the parents

are automatically liable to prosecution ; this should bring home to neglectful parents the seriousness of the condition more than our present procedure does. Before such action is taken, extension of the Clinic facilities will be essential, and any scheme contemplated will be submitted to the Committee for approval.

Plans of the Open-air School were submitted to the Education Committee on 5th April, 1937. A delay has occurred, but we are hopeful of obtaining the necessary accommodation in the near future. The waiting list for Ventnor shows a welcome decrease, and the period before admission is shorter. This does not mean that the Day Open-air School is not required, for there are still many children whose condition would show considerable benefit from a period at a Day Open-air School who do not need the full change of environment given by admission to a Residential Open-air School.

It is hoped to start an Asthma Clinic early in 1938. During the two years 1935 and 1936 twenty-four children were sent to Residential Open-air Schools for this condition, and many more children were seen at the schools and Clinics who would have benefited from treatment. The encouraging results obtained by modern methods of treatment indicate that one-third of the patients can be cured and a further number relieved. This Clinic will be conducted by one of the Assistant School Medical Officers.

During the year a Health Visitor was appointed to be in residence at the Summer School at Lee-on-the-Solent during the period for which the school is open, and during the winter months she will return to carry out her usual duties in the department.

An innovation during 1937 was the practice of reserving number of places at the Summer School for children recommended on medical grounds, and sixty-three of these children attended. In the table facing page 60 the increases in weight of these children are shown separately. An extension of this scheme is proposed for 1938.

I feel that the results obtained from the revision of the dental service are highly satisfactory, and have fully justified the alterations. I do not know which factor has influenced the

parents and children most ; whether it is the fact of establishing the branch dental clinics, the increased personal contact between the dentists, teachers and parents, caused by each dentist being responsible for particular schools, the institution of re-inspections, or the authority given to refuse " casual treatment " to persistent defaulters. The teachers have played a very large part in letting the parents know of our services, and in persuading and following up the defaulters and refusals, and I should like to express my thanks to them for their ready co-operation. This applies not only to the dental work, but to all branches of the Medical Service.

In November an inaugural meeting was held in connection with the National Health Campaign, the principal speakers being Sir John Simon and the Lord Bishop of Winchester. Attention was drawn by the speakers to the benefits derived from the institution of the School Medical Service. Following this inaugural meeting, we instituted a vigorous campaign for the purpose of disseminating health propaganda by means of a number of lectures given at the schools by the medical staff ; although a number of these were poorly attended, at others quite large audiences were present, questions were asked, and keen discussions took place.

In connection with this Campaign, the Health Committee decided to have prepared a film showing all the activities of the Public Health Department, and, although this was completed by the end of 1937, it will not be shown until 1938. The film provides an interesting record of the work of Routine Medical Inspection, the various Clinics, the work of the dentist, and children taking milk and malt and oil at school. This film will undoubtedly help to bring to the notice of the parents some new aspects of the work carried out by the School Medical Service.

It is disappointing that more parents have not taken advantage of the facilities available for the protection of their children against diphtheria. As is pointed out on page 56, it appears that only about twenty per cent. of our child population is protected, and this proportion will decrease, unless more parents take advantage of these facilities. In spite of talks, the circulation of consent forms and lectures at Welfare Centres by the Medical Officers, the response is not as encouraging as one would like to see it. It should be appreciated that for immunisation to be effective, the injections must be administered some months before

the child comes in contact with diphtheria. It is a recognised fact that immunisation undertaken during an outbreak cannot be so successful. The result of such a practice is that the whole system of immunisation may be brought into disrepute when partially protected children contract the disease. Various methods of propaganda are being considered in an endeavour to increase the number of children immunised.

In conclusion, I desire to express my appreciation and thanks to the Chairman and Members of the School Clinic (Joint) Sub-Committee for the courtesy with which they have considered my many suggestions and recommendations. I wish also to thank the following for their co-operation and assistance: the Education Department, the Teachers, the National Society for the Prevention of Cruelty to Children, the Southampton Mental Welfare Association, and the staffs of the Voluntary Hospitals. To the staff of the Department—Medical, Nursing, Dental and Clerical—I tender my best thanks for their ready, willing and conscientious work on behalf of the School Medical Service.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

H. C. Maurice. Williams.

School Medical Officer.

SCHOOL MEDICAL INSPECTION

AND HYGIENE.

CO-ORDINATION.

The arrangements for the co-ordination of the Public Health Services and the School Medical Service remain the same as last year.

In Southampton the closest co-operation is maintained, as the medical and nursing staff carry out both Public Health and School Medical work, while the administration is directed by the Medical Officer of Health, who is also the School Medical Officer. This means that the School Medical Department functions as a unit of the Health Department, with all the resources of the latter available.

SCHOOL HYGIENE.

During the year a Senior Elementary School to accommodate 360 boys and 360 girls was opened at Shirley Warren. A department to accommodate 250 junior boys was built on a site adjacent to the senior school and re-organisation of the schools in this area was effected. Temporary infant accommodation was found necessary and this is being provided by addition to Shirley Warren Temporary School.

The new senior school provides many amenities for the pupils and staff; foot-baths for the pupils, excellent cloak rooms, plentiful hand-basins, and medical rooms which are being utilised for the daily treatment of minor ailments in this area.

Reports have been submitted from time to time by the medical officers on the sanitary and hygienic conditions of the schools and the defects reported have received the attention of the Education Committee.

SANITARY CONVENIENCES IN THE ELEMENTARY AND SECONDARY SCHOOLS,

and the various centres under the control of the Education Authority.

SHIRLEY WARREN SENIOR SCHOOL.

The Authority has completed the erection of a Senior School for Boys and Girls on the Shirley Warren Housing Estate. This school, which was opened at the beginning of September, is provided with 36 pedestal pans flushed by separate cisterns and one large urinal fitted with automatic sparge pipe flushing.

CHESTNUT ROAD JUNIOR SCHOOL.

This school has been erected by the Authority on the Shirley Warren Estate adjacent to the Senior School and is used for junior

boys. The school is provided with 14 pedestal pans flushed by separate cisterns and one urinal fitted with automatic sparge pipe flushing.

FOUNT PLEASANT NURSERY CLASS.

The Authority has erected a separate lavatory block for the use of the Nursery children only. There are three extra low pedestal pans flushed by separate cisterns.

REVISED LIST OF SANITARY CONVENIENCES:

IN PROVIDED SCHOOLS.

804 Pedestal pans flushed by separate cisterns.

4 Hopper closets flushed by automatic tanks.

73 Urinals flushed by sparge pipes.

NON-PROVIDED SCHOOLS.

104 Pedestal pans flushed by separate cisterns.

17 Hopper closets flushed by automatic tanks.

14 Urinals flushed by sparge pipes.

SECONDARY SCHOOLS.

107 Pedestal pans flushed by separate cisterns.

6 Urinals flushed by sparge pipes.

MEDICAL INSPECTION.

Accommodation was provided in the public elementary schools for 28,938 children, while the number on the registers was 23,146. The average attendance was 20,526.

The number of schools and departments in the Borough is :—

Number of schools—	40
--------------------	-----	-----	-----	----

Number of departments.—

Boys 18

Girls	...	...	...	...	...	18
	...	...	...	...	...	16

Infants	...	...	...	...	10
...	...	...	...	...	23

...	...	...	...	25
Juniors and Infants	...	...	...	5

Juniors	...	...	...	...	...	5
...	...	...	...	...	...	9

Mixed Departments	...	...	...	...	9
	...	...	...	...	7

78

Owing to building operations at the Shirley Warren Temporary School it was not possible to carry out the examination of entrants in 1937, but this examination will be carried out early in 1938.

The following table shows the number examined in each school and age group.

School.	Entrants, 5-6 years.		Inter- mediates, 8 years.		Leavers, 12 years.		Others.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Ascupart ...	37	18	22	32	—	—	—	32
Bassett Green ...	50	44	71	77	—	—	3	—
Bevois Town ...	36	29	18	33	16	23	—	—
Bitterne C. of E. ...	26	48	33	21	37	17	—	—
Bitterne Manor ...	23	28	12	21	—	—	1	3
Bitterne Park ...	54	63	51	54	47	44	25	34
Burgess Road ...	42	31	9	8	—	—	—	5
Central ...	55	71	67	52	53	68	19	25
Coxford ...	—	—	24	33	—	—	—	—
Deanery ...	—	—	—	—	110	115	13	8
Eastern ...	65	72	45	40	—	—	89	25
Foundry Lane ...	33	38	40	38	54	50	24	13
Freemantle ...	25	14	27	17	27	27	9	1
Highfield ...	9	13	19	7	10	12	7	11
Ludlow Road ...	18	66	2	14	81	80	—	—
Merry Oak... ..	—	—	—	—	33	23	—	—
Mount Pleasant ...	56	52	33	19	31	37	20	26
Northam ...	74	71	48	38	56	51	23	16
Portswood ...	33	44	41	44	86	63	11	19
Pear Tree Green ...	—	—	76	47	—	—	—	—
Regent's Park ...	54	63	64	56	95	72	17	—
St. John's ...	11	18	13	23	—	—	7	2
St. Joseph's ...	8	14	12	8	18	14	5	4
St. Jude's ...	28	30	19	22	—	—	—	—
St. Denys ...	17	18	25	29	28	35	21	17
St. Mark's ...	13	9	14	12	8	10	—	—
St. Mary's ...	12	19	13	12	—	—	—	10
Shirley ...	70	43	46	56	87	99	—	—
Shirley Warren Ty.	—	—	26	36	—	—	—	—
Sholing ...	138	180	155	122	50	53	—	—
Springhill ...	21	27	32	21	22	25	13	—
Swaythling ...	34	27	54	62	114	110	7	—
Western ...	50	51	72	60	57	62	16	5
Woolston ...	29	25	24	31	24	33	4	7
Woolston R.C. ...	18	15	11	11	12	9	—	5
Totals ...	1202	1241	1218	1144	1179	1132	334	268

ATTENDANCE OF PARENTS.

The attendance of parents at the routine inspections during 1937 shows a slight decrease compared with the figures for 1936. The increase in the attendance in the twelve-year old group is of special importance. A slight increase in the attendance at the eight-year old inspection was also found, the decrease being due to a fall of 3.8 per cent. in the entrant group. Even with this decrease the figures are still very satisfactory.

The following table shows the attendances of parents during the year, with comparative figures for the previous five years.

AGE GROUP.	Number of Children Inspected.	Number of Parents Present.	Percentage in					
			1937	1936	1935	1934	1933	1932
2 years,								
Boys ...	1179	870						
Girls ...	1132	896						
	—2311	—1766	76.4	71.7	71.5	71.2	71.9	59.0
years,								
Boys ...	1218	1071						
Girls ...	1144	1027						
	—2362	—2098	88.8	87.7	86.6	87.5	87.6	82.9
Entrants,								
Boys ...	1202	1096						
Girls ...	1241	1160						
	—2443	—2256	92.3	96.1	92.0	94.6	92.4	92.4
Other Ages,								
Boys ...	334	241						
Girls ...	268	210						
	— 602	— 451	74.9	73.4	73.2	79.6	86.0	72.5
Totals ...	7718	6571	85.1	85.9	83.8	83.8	83.4	76.9

FINDINGS AT MEDICAL INSPECTION.

WEIGHT, HEIGHT, AND CHEST MEASUREMENTS.

The weight and measurements of each child to be medically examined at routine inspections are ascertained by a Health Visitor shortly before the Medical Officer's visit.

The statistics given below for the routine age groups have been obtained by the same methods as in previous years, and comparative figures for the previous five years are also given.

COMPARATIVE TABLE OF CODE AGE PERIODS.

BOYS.

	WEIGHT. st. lbs. ozs.	HEIGHT. inches.	CHEST MEASUREMENT inches.
12 Years.			
1937	5 3 14.8	54.7	25.7
1936	5 2 3.6	53.7	24.7
1935	5 4 1.1	54.9	25.4
1934	5 4 7.4	55.1	25.7
1933	5 4 13.1	55.3	25.4
1932	5 3 11.8	54.8	26.1
8 Years.			
1937	3 9 8.6	47.6	23.1
1936	3 9 8.8	47.2	22.8
1935	3 10 10.3	47.4	24.5
1934	3 10 2.4	47.3	24.3
1933	3 11 1.0	47.9	24.1
1932	4 1 11.9	49.4	24.4
5 Years.			
1937	2 13 11.0	42.3	21.5
1936	3 0 4.1	42.8	21.5
1935	3 2 5.2	42.8	22.5
1934	2 13 8.5	42.6	22.4
1933	2 13 7.6	42.6	21.9
1932	2 13 9.2	42.4	21.7

COMPARATIVE TABLE OF CODE AGE PERIODS—Continued.

GIRLS.

	WEIGHT.	HEIGHT.	CHEST MEASUREMENT.
2 Years.	st. lbs. ozs.	inches.	inches.
1937	5 5 1.0	55.0	25.6
1936	5 3 11.6	55.2	25.2
1935	5 7 0.6	55.7	26.3
1934	5 6 5.3	55.3	26.2
1933	5 6 9.1	55.4	26.1
1932	5 6 11.2	55.3	26.6
Years.			
1937	3 7 13.3	47.2	22.4
1936	3 10 2.7	47.4	22.6
1935	3 9 1.5	47.5	23.1
1934	3 9 3.5	47.7	23.3
1933	3 9 3.9	47.6	23.2
1932	3 12 5.0	48.9	24.1
Years.			
1937	2 13 7.3	43.2	21.4
1936	2 13 2.6	42.4	21.2
1935	2 12 9.4	42.1	21.3
1934	2 12 1.0	42.0	21.2
1933	2 11 6.0	41.6	21.4
1932	2 11 7.9	42.1	21.1

NUTRITION.

I have mentioned in the introduction to this Report that the percentage of children found to be suffering from "slightly sub-normal" or "bad" nutrition during 1937 shows a considerable increase over the figures for 1936.

The increase is, I believe, mainly due to the difficulty of assessment, and in this connection I would draw the attention of the Committee to the following extracts from the First Report of the Advisory Committee on Nutrition.

"We are unable to recommend any method of assessing the state of nutrition as reliable, and we consider that research should be continued with a view to establishing, if possible, a reliable test or group of tests" (page 31).

“ We have had under review the various methods which have been tried or are in process of trial, or have been suggested for the assessment of the nutritional state. We are unable to recommend any known method as reliable. So far as our present knowledge goes, it would seem that the clinical method given in detail in Administrative Memorandum No. 124 of the Board of Education is the most promising, but the trial of this method has not been sufficiently prolonged to establish its reliability ” (page 26).

The difficulties can be appreciated ; and one of my medical officers said during a discussion on this question, “ One is trying to reduce an impression, or state of mind, to statistical facts.” In view of the increase certain comparisons were made, and these can best be shown by the table on the opposite page of three medical officers’ findings in similar groups of children.

EIGHT-YEAR GROUP.

Schools examined by:	Number examined.	Boys.			Girls.			
		Nutrition. Excellent and Normal.	Slightly Sub- normal.	Bad. Av. Ht. Av. Wt.	Nutrition. Excellent and Normal.	Slightly Sub- normal.	Bad. Av. Ht. Av. Wt.	
Dr. X	ins.	lb. oz.	ins.	lb. oz.
Dr. Y	47.6	52.1	46.9	49.2½
Dr. Z	47.9	51.10½	47.5	50.2
					47.0	50.4½	47.1	50.9½

The discrepancies are striking ; among the boys, Doctors X and Y considered that between six and seven times as many children were sub-normal as Doctor Z, and among the girls four times as many. Yet the figures of height and weight do not support this finding, although it must be borne in mind that assessment is made on clinical grounds, of which height and weight play only a part.

At the end of the year I arranged a meeting of members of my medical staff, to which a number of children were summoned who had been labelled at routine medical inspection as being " C " or " D " nutrition. Discussion took place which should prove helpful in the future, and which should tend to uniformity of outlook on this question of assessment.

**B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR
IN THE ROUTINE AGE GROUPS.**

Age Groups.	No. Inspected.	A.		B.		C.		D.	
		No.	Excellent. %	No.	Normal. %	No.	Slightly Sub-normal. %	No.	Bad. %
Entrants	2443	305	12.5%	1688	69.1%	432	17.7%	18	.7%
Second Age Group	2362	258	10.9%	1658	70.2%	407	17.2%	39	1.7%
Third Age Group	2311	311	13.4%	1728	74.8%	258	11.2%	14	.6%
Other Routine Inspections ...	602	87	14.4%	453	75.3%	60	10.0%	2	.3%
Total	7718	961	12.4%	5527	71.7%	1157	15.0%	73	.9%

CLEANLINESS.

The condition of cleanliness in the schools has shown deterioration during 1937 as is evidenced by the increase in the number of individual children found unclean, and reports from the Health Visitors.

Instructions have been issued to the Health Visitors to increase their vigilance, and to see the Head Teachers as often as possible in order to maintain practically continuous supervision over offenders. This has resulted in a marked increase in the number of visits to the schools for cleanliness.

Prosecutions are to be instigated in future more frequently.

SKIN DISEASE.

The number of skin ailments found in the course of routine medical inspection has again decreased, but the number of such ailments presenting themselves at the Clinics has increased slightly. This is, to some extent, due to the deterioration in cleanliness mentioned in the preceding section.

DEFECTIVE VISION AND EYE DISEASE.

The testing of the vision of entrants has been continued during 1937, but there was a slight diminution in the number referred for treatment or observation of defective vision in this group. Increases were recorded in the intermediate and leaver groups. Substantial decreases are to be noted in the children referred for observation or treatment of squint and other eye diseases.

The following table shows the incidence of eye defects in the various age groups :—

DEFECTS OF THE EYES REQUIRING TREATMENT OR OBSERVATION
FOUND AT ROUTINE MEDICAL INSPECTION, 1937.

Age Group.	Number Examined.	Defective Vision.		Squint.		Other Eye Conditions.		Total.	
		Number	%	Number	%	Number	%	Number	%
Entrants ...	2443	152	6.2	9	.4	—	—	161	6.6
Intermediates	2362	230	9.7	1	.04	6	.26	237	10.0
Leavers ...	2311	172	7.4	1	.04	6	.26	179	7.7
Other Ages ...	602	50	8.3	7	1.1	2	.3	59	9.7
Totals ...	7718	604	7.8	18	.2	14	.2	636	8.2

The usual table showing the degree of vision recorded in the children tested with Snellen's types follows :—

EYESIGHT.

		Number Examined.	V 6/6	V 6/9	V 6/12	V 6/18	V 6/24	V 6/36	V 6/60	V o/o	Cannot Read.	Not Tested.
s, 2 years	R	1179	1010	84	35	11	12	10	2	—	—	15
	L		92.8%				5.9%				1.3%	
	R	1132	984	101	46	18	5	7	3	—	—	15
	L		92.0%				6.7%				1.3%	
s, 2 years	R	1132	938	130	37	13	5	2	—	—	—	7
	L		94.4%				5.0%				.6%	
	R	1218	950	116	32	17	4	6	—	—	—	7
	L		94.2%				5.2%				.6%	
s, 3 years	R	1218	1026	141	18	12	4	6	—	—	—	11
	L		95.8%				3.3%				.9%	
	R	1144	1034	128	28	11	4	2	—	—	—	11
	L		95.4%				3.7%				.9%	
s, 3 years	R	1144	954	145	23	10	2	1	3	—	—	6
	L		96.1%				3.4%				.5%	
	R	1202	947	149	22	10	9	1	—	—	—	6
	L		95.8%				3.7%				.5%	
s, ntrants	R	1202	1026	71	8	3	2	1	—	—	91	—
	L		91.3%				1.2%				7.5%	
	R	1241	1021	72	10	3	5	—	—	—	91	—
	L		91.0%				1.5%				7.5%	
s, ntrants	R	1241	1023	91	14	5	—	3	—	—	105	—
	L		89.7%				1.8%				8.5%	
	R	334	1019	96	14	4	—	3	—	—	105	—
	L		89.8%				1.7%				8.5%	
s, her ages	R	334	275	13	14	1	1	1	—	—	29	—
	L		86.2%				5.1%				8.7%	
	R	268	271	21	7	3	1	1	1	—	29	—
	L		87.4%				3.9%				8.7%	
s, her ages	R	268	212	16	3	3	2	—	—	—	32	—
	L		85.1%				3.0%				11.9%	
	R		214	13	5	3	—	1	—	—	32	—
	L		84.8%				3.3%				11.9%	

CHRONIC TONSILLITIS AND ADENOIDS.

On comparing the following table with that for 1936, a very considerable drop in the number of children referred for treatment or observation of Chronic Tonsillitis is apparent. The figures for 1937 are however comparable with those for the years 1933 and 1934.

The figures for special inspections, which are largely carried out by the Specialist at the Clinic, are very similar to those for 1936.

The following table gives details of the defects found in the various age groups :—

CHRONIC TONSILLITIS AND ADENOIDS.

DEFECTS FOUND AT MEDICAL INSPECTION REQUIRING TREATMENT OR OBSERVATION, 1937.

Age Group.	Number Examined.	Chronic Tonsillitis.		Tonsillitis and Adenoids.		Adenoids.		Total.	
		Number	%	Number	%	Number	%	Number	%
Entrants,									
5-6 years	2443	92	3.7	160	6.5	34	1.4	286	11.6
Intermediates.									
8 years	2362	73	3.1	104	4.4	8	.3	185	7.8
Leavers,									
12 years	2311	29	1.25	30	1.3	6	.3	65	2.85
Other									
Age Groups	602	20	3.3	37	6.1	6	1.0	63	10.4
Totals ...	7718	214	2.8	331	4.3	54	.7	599	7.8

EAR DISEASE AND DEFECTIVE HEARING.

The occurrence of ear disease was noted much less frequently in 1937 than in 1936, and there was a slight decrease in the number of cases of defective hearing. Opposed to this there was a considerable increase in the number of such defects found at special inspections, so that it appears that parents and teachers are bringing forward children more frequently than in the past.

The following table shows details of the defects found in the various age groups :—

EAR DISEASE AND DEFECTIVE HEARING.

DEFECTS FOUND AT MEDICAL INSPECTION
REQUIRING TREATMENT OR OBSERVATION, 1937.

Age Group.		Number Examined.	Ear Disease.		Defective Hearing.		Total.	
			Number	%	Number	%	Number	%
Entrants, 5-6 years	...	2443	8	.3	51	2.1	59	2.4
Intermediates, 8 years	...	2362	24	1.0	60	2.5	84	3.5
Leavers, 12 years	...	2311	17	.7	54	2.3	71	3.0
Other Age Groups	...	602	3	.5	17	2.8	20	3.3
Totals	...	7718	52	.7	182	2.4	234	3.1

ORTHOPÆDIC AND POSTURAL DEFECTS.

There was a very considerable increase in the number of children referred for the treatment or observation of "other deformities" during the year. This increase was most marked in the entrant and leaver groups. There was a fall in the number of children referred for treatment and observation of Spinal Curvature, while the number of children found to be suffering from Rickets was practically the same as in 1936. In the report of the work of the Orthopædic Clinic further observations are made on these conditions.

DEFECTS FOUND REQUIRING TREATMENT OR OBSERVATION
AT MEDICAL INSPECTION, 1937.

Age Group.		Number Examined.	Rickets.		Spinal Curvature.		Other Deformities.		Total.	
			Number	%	Number	%	Number	%	Number	%
Entrants	...	2443	1	.04	18	.7	160	6.6	179	7.34
Intermediates		2362	—	—	26	1.1	139	5.8	165	6.9
Leavers	...	2311	1	.04	34	1.5	173	7.5	208	9.04
Others	...	602	—	—	34	.6	43	7.1	47	7.7
Totals	...	7718	2	.03	82	1.1	515	6.7	599	7.83

TUBERCULOSIS.

During the year no child was found at the routine medical inspection to be suffering from definite pulmonary tuberculosis.

Of the 23 children suspected to be suffering from this disease, such as were not already under supervision were referred to the Tuberculosis Dispensary. Three children were found to be suffering from glandular tuberculosis and one from disease of the bones and joints.

The following table gives details of the notifications of tuberculosis in school children during the year :—

Location of Disease.				Boys.		Girls.		Total.
Pulmonary Tuberculosis	...	...	40	...	46	...	86	
Non-Pulmonary Tuberculosis	...	...	15	...	2	...	17	
Totals				...	55	...	48	103

FOLLOWING UP.

No change has been made in the arrangements for following up during 1937.

Owing to the instruction issued that Health Visitors should see the Head Teachers as often as possible in order to keep the condition of cleanliness under surveillance the number of visits paid to schools has increased, and also the average number of visits paid for cleansing inspections.

The following shows the Health Visiting work performed during the year.

HEALTH VISITING WORK.

Visits paid to the homes of :—

Dental Cases	...	...	...	40
Vision Cases	...	...	...	527
Ear, Nose, and Throat Cases	...	...	...	599
Skin Cases	...	...	...	752
General Cases	...	...	...	1,164
Orthopædic Cases	...	...	...	353
				— 3,435
Visits paid to schools	...	...	...	3,128
				———— 6,563

Valuable assistance was rendered by the National Society for the Prevention of Cruelty to Children, while the teachers were also instrumental in persuading children and parents of the importance of obtaining medical advice. The assistance of the Voluntary Hospitals in making available certain of their records has been of the greatest help, and is gratefully acknowledged.

MUNICIPAL HEALTH CLINICS.

INSPECTION CLINIC.

The numbers attending this Clinic remained about the same as in 1936 which showed a large increase over 1935.

It remains a most useful clearing-house for the supervision of children who do not come under the care of any one special Clinic. The children may be referred to other Clinics for examination or treatment and then returned to this Clinic for further observation if necessary. The opening of the Child Guidance and Asthma Clinics will probably lead to a reduction in the attendances.

SKIN CLINIC.

It was possible last year to record a decrease in the number of cases of impetigo, scabies and ringworm of the skin treated at the Clinics, but this year, though there has been another decrease in the number of ringworm cases, the number treated for scabies has increased by about 50%, and for impetigo by about 10%. This year there have been only five children with ringworm of the scalp treated, as against 19 in 1936.

The institution of diagnostic and treatment facilities at the Hollybrook Homes has been partly responsible for this decrease.

Why more children should be treated for scabies is not apparent. An attempt is always made to treat all members of the family, if possible, to make sure that relapses should not occur as a result of infection from an unsuspected brother, sister or parent and, as this practice becomes more general, so the numbers must increase. (On the other hand, it may be that there has been a real increase in the number of children infected.) It is necessary always for all who have to do in any way with the education of children to allow no relaxation in the emphasis placed on the teaching of personal cleanliness in and out of school.

It was due to a past member of this staff that the use of occlusive dressings was introduced as a treatment of impetigo and this is probably responsible for the further decline in the average number of attendances, these children being cured more quickly and returning sooner to school.

EXTERNAL EYE DISEASE AND DEFECTIVE VISION.

As in the previous year three sessions per week were devoted to the treatment of the above defects at the Municipal Clinic, East Park Terrace.

There was again a slight increase in the number of attendances and a considerable increase in the number of individual children seen by the Specialist. The operation of our follow-up scheme at this Clinic has been responsible for this and also for the increase in the numbers found not to require treatment as we have discharged a number of children who have been under supervision for some years. The increase in the number of observation cases is due mainly to the testing of the vision of the entrant group.

The following table gives details of the work carried out by the Specialist :—

	1937.	1936.	1935.
Attendances at the Clinic ...	3,150	3,092	3,057
Individual children seen by the Specialist	1,149	949	771
Submitted to refraction	996	793	698
Glasses prescribed... ..	470	547	429
Received other treatment	142	153	117
Placed under observation	344	201	70
Found not to require treatment...	197	97	255

The inspection by the approved opticians of the glasses supplied to the children has been continued during 1937, and the following table gives comparative figures of the results of these visits :—

NUMBER OF CHILDREN	1937	1936	1935	1932
With :—				
Crooked Frames	121	167	107	202
Lenses Turned in Frames	17	51	16	70
Broken Lenses	10	17	40	28
Broken Sides	41	43	29	28
Ordered Glasses but not wearing	209	273	299	391
Reported to School Medical Officer	126	272	58	408

The Education Committee have continued to supply glasses to children whose parents are unable to provide them, and to pay for repairs.

During the year 126 children have been supplied with glasses free or at a reduced rate.

EAR, NOSE, AND THROAT CLINIC.

During the year 1937, 911 new cases and 1,799 attendances of cases previously seen were examined and treated at the Ear, Nose, and Throat Clinic at East Park Terrace.

These sessions are held on Monday and Thursday mornings, and the majority of the cases are referred to the department as a result of school medical inspection, while some others are referred from other medical departments of the health service or private doctors.

The ear, nose, and throat of each case is examined, and the defects noted and treated, such treatment including, as will be seen from the enclosed list of statistics, the acute and chronic suppurative otitis media, catarrhal deafness, ionisations of ears, and noses in cases of hay-fever, cauterisations where required, lavage of antra, and other treatment of sinusitis, etc.

Those cases requiring operation are referred to the Borough Hospital, where a total of 430 operations were performed during the year.

Several cases at the Borough Hospital have been examined and treated, as have also cases of tubercular laryngitis at the Sanatorium, and also a few cases at the Isolation Hospital.

Attendances at the Clinic at East Park Terrace:—

New cases, 911. Old cases, 1,799.

Acute suppurative otitis media	...	...	...	69
Chronic suppurative otitis media	...	...	...	74
Chronic catarrhal otitis media	...	...	...	186
Tonsils and adenoids	...	...	...	328
Adenoids	...	...	...	38
Sinusitis	...	...	...	45
Cervical adenitis	...	...	...	27
Other conditions	...	...	...	149

N.B.—The latter include:—

Ear.—Cerumen, furuncle, eczema, foreign body, congenital atresia, acute catarrhal otitis media.

Nose.—Catarrhal rhinitis, atrophic rhinitis, epistaxis, vaso-motor rhinitis, ionisation for hay-fever, cauterising of turbinates, deviated septum, injury.

Cleft palate, papilloma of uvula.

Laryngitis.

Bronchitis and asthma.

Carcinoma of maxilla.

Referred to other departments.

Nothing abnormal in ear, nose, and throat.

Operations Performed.

Tonsils and adenoids ...	...	...	...	...	...	353
Tonsils ...	...	...	...	...	...	7
Adenoids ...	...	...	...	...	...	29
Others ...	...	...	...	...	...	6
Admitted but not done	...	...	...	...	...	1

N.B.—Of this total of 396, 54 tonsils and adenoid operations and three tonsil removals were performed by either Mr. Evans or Mr. Gordon.

Mastoidectomy :—

Mr. Evans ...	...	...	...	...	...	1
Mr. Gordon ...	...	...	...	...	...	7
Mr. Russell ...	...	...	...	...	...	14

Other operations performed by Mr. Russell :—

Nasal polypi ...	...	...	...	...	...	1
Submucous resection ...	...	...	...	...	...	1
Lateral sinus ...	...	...	...	...	...	1
Removal of packing ...	...	...	...	...	...	1
Paracentesis ...	...	...	...	...	...	8

Performed by Mr. Evans :—

Exposure of sinus ...	...	...	...	...	...	1
Paracentesis ...	...	...	...	...	...	1
Removal of $\frac{1}{2}$ d. and 1d. from larynx	...	...	...	...	...	2

Performed by Mr. Gordon :—

Paracentesis	1
Resuturing of mastoid wound	1

Total number of operations	430
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Other Work Done.

Examination of cases at the Borough Hospital.

Examination of cases of tubercular laryngitis at the Sanatorium, once monthly.

A few cases have been examined at the Isolation Hospital during the year.

DENTAL CLINICS.

For the first time for several years it has not been possible to inspect the whole of the schools in the Borough. This was due to the fact that, as mentioned on page 38 of my last report, a system of re-inspection was inaugurated by which the dentists return to a school about two months after the routine inspection to see whether those children who previously refused treatment at the Clinic have actually received it elsewhere. The number who actually go elsewhere is very small as will be seen from the table on page 37. These visits have been very successful in increasing the number of acceptances and further reference is made to this point later. Simultaneously we re-arranged the work of the dentists so that each dentist was made responsible for the inspection and treatment of a particular group of schools. The end in view was that the closer personal touch between dentist, teacher, child and parent would stimulate greater interest in dental treatment and in conservative treatment in particular. Thirdly a resolution was adopted by the Education Committee that all children who refuse at three consecutive routine inspections to obtain the treatment advised by the dentist shall not be eligible for treatment at the Clinic until after acceptance at the next routine examination. This practice has had its effect.

Our scheme of re-inspection has been criticised on the ground that by this means we pay too much attention to those children who have no real interest in the preservation of their teeth. The inspection of those children who have previously accepted treatment regularly is thought to be delayed, permitting deterioration in the condition of their mouths. The dental officers have arranged however for the parents of these children to present them for inspection at regular intervals at the Clinic so that there is no real delay or hindrance in keeping the teeth in good condition.

There are some exceedingly good results to report this year as a result of these alterations. The acceptance rate from routine inspections has increased by 11% over 1936, that is from 50% to 61%. The general improvement can be seen from the list of acceptances on pages 35 and 36. Last year 42 schools recorded acceptances above 50%; this year 57 schools are above this level. Mount Pleasant Girls, last but one in 1936, with 21.3% increased to 37.5% and yet are now at the bottom of the list. For this improvement I wish to extend my thanks to the teachers who have done much to keep the question in the minds of the children during the periods between inspections and who give every assistance to the dentists.

The result of re-inspection is best demonstrated by the following figures. Twenty seven schools were re-inspected, at which

at the routine inspection 4,391 children had been offered treatment and 2,640 had accepted; this representing a 60% acceptance. As a result of re-inspection a further 633 children accepted treatment making the final acceptance rate 74.5%. The schools in question were entirely unselected and are representative; the increase obtained is very similar to that obtained in 1936 being 14.5 as compared with 16.9. A few years ago we had an acceptance rate of 40%; now we can look forward to achieving a rate of nearly 70%.

Turning to the treatment it will be seen that although we treated less children there was an increase in the number of attendances, a large increase in the amount of conservative work and, although there was an increase in the number of extractions, this was mainly confined to the temporary teeth. For every permanent tooth extracted two fillings were done.

According to particulars supplied by the Board of Education, a dentist should be able to perform 24 extractions per session, a filling being equivalent to three extractions. Last year each dentist carried out 22.9 extractions per session, a highly creditable figure when allowance is made for unavoidable loss of time due to neglected appointments.

This improvement, if maintained, should mean a change for the better in the dental condition of the children.

LIST OF ACCEPTANCES OF DENTAL TREATMENT AT THE CLINIC

For the year ended 31st December, 1937.

	School.	No. Inspected.	Selected.	Accepted.	%
1.	Woolston R.C. Mixed	... 212	... 131	... 108	82.4
2.	Sholing Girls' ...	... 362	... 192	... 153	79.6
3.	Portswood Infants' ...	... 298	... 108	... 82	75.9
4.	Ludlow Road Girls'	... 440	... 265	... 200	75.4
5.	Northam Girls' ...	... 272	... 216	... 159	73.6
6.	Portswood Girls' ...	... 320	... 159	... 117	73.5
7.	Bitterne Manor Mixed	... 188	... 99	... 72	72.7
8.	Springhill Boys' ...	... 123	... 91	... 66	72.5
9.	Regent's Park Boys'	... 347	... 236	... 169	71.6
10.	Northam Boys' ...	... 319	... 214	... 153	71.4
11.	{ Swaythling Infants'	... 137	... 57	... 40	70.2
	{ Westfield Hall Infants'	... 78	... 47	... 39	82.9
	{ Joyce Hall Infants' ...	... 97	... 49	... 30	61.2
12.	Sholing Boys' ...	... 278	... 219	... 152	69.4
13.	Swaythling Boys' ...	... 369	... 180	... 125	69.4
14.	Central Infants' ...	... 312	... 103	... 71	68.8

	School.	No.	Inspected.	Selected.	Accepted.	%
15.	Merry Oak Mixed ...	492	...	263	179	68.0
16.	Pear Tree Green ...	186	...	106	72	67.9
17.	Springhill Girls' and Infants'	304	...	239	162	67.7
18.	Ascupart Girls' ...	93	...	62	42	67.7
19.	Freemantle Girls' ...	147	...	98	65	66.3
20.	Portswood Boys' ...	335	...	169	111	65.6
21.	Regent's Park Girls'	330	...	225	145	64.4
22.	Sholing Infants' ...	628	...	358	230	64.2
23.	Bitterne C.E. Boys'	240	...	177	113	63.8
24.	St. Denys Girls' ...	168	...	108	69	63.7
25.	Woolston Girls' ...	213	...	174	111	63.7
26.	Woolston Infants' ...	149	...	98	62	63.2
27.	Ludlow Road Boys'	389	...	242	152	62.8
28.	Bitterne Park Girls'	252	...	145	90	62.0
29.	Regent's Park Infants'	317	...	132	81	61.3
30.	Woolston Boys' ...	346	...	217	132	60.8
31.	Bitterne Park Infants'	391	...	162	97	59.8
32.	Swaythling Juniors ...	817	...	342	204	59.6
33.	Western Boys' ...	311	...	215	128	59.5
34.	Bitterne C.E. Infants'	135	...	86	50	58.1
35.	St. Mary's C.E. Mixed	151	...	97	56	57.7
36.	Bitterne Park Boys'...	228	...	189	108	57.1
37.	Foundry Lane Infants'	253	...	110	62	56.3
38.	Ascupart Boys' ...	171	...	112	63	56.2
39.	Shirley Infants' ...	282	...	151	85	56.2
40.	Swaythling Girls' ...	342	...	162	91	56.1
41.	Western Girls' ...	315	...	246	138	56.0
42.	Northam Infants' ...	298	...	195	109	55.8
43.	Central Boys' ...	400	...	277	154	55.5
44.	Station Road Infants'	280	...	163	91	55.2
45.	Ascupart Infants' ...	165	...	87	48	55.1
46.	Ludlow Road Infants'	252	...	160	88	55.0
47.	Foundry Lane Girls'	322	...	202	111	54.9
48.	Bassett Green Infants'	393	...	171	94	54.3
49.	Burgess Road Infants'	257	...	94	51	54.3
50.	Foundry Lane Boys'	315	...	239	129	53.9
51.	Western Infants' ...	426	...	294	157	53.4
52.	St. John's Mixed ...	195	...	129	69	53.4
53.	St. Denys Boys' ...	156	...	94	50	53.3
54.	Bitterne C.E. Girls' ...	216	...	148	77	52.9
55.	Mount Pleasant Infants'	180	...	68	35	51.9
56.	Freemantle Infants'	77	...	27	14	51.9
57.	Freemantle Boys' ...	201	...	106	54	50.9
58.	Mount Pleasant Boys'	228	...	134	64	47.9
59.	Highfield Mixed ...	272	...	160	76	47.9
60.	St. Denys Infants' ...	164	...	71	31	43.9
61.	Central Girls'...	375	...	177	76	42.9
62.	Shirley Girls' ...	258	...	190	77	40.9
63.	Mount Pleasant Girls'	204	...	149	56	37.9

RE-INSPECTIONS for the year ended 31st December, 1937.

School.		No. due for Re-inspection.	No. again Selected.	No. found to have attended P.D.	No. Left.	No. Absent.	No. Accepted.	%
1.	Bassett Green Infants'...	78 ...	70 ...	1 ...	— ...	7 ...	42 ...	60.0
2.	Portswood Infants'	... 31 ...	15 ...	— ...	5 ...	11 ...	9 ...	60.0
3.	Portswood Girls'	... 53 ...	34 ...	3 ...	8 ...	8 ...	20 ...	58.8
4.	Swaythling Infants'	... 16 ...	12 ...	2 ...	— ...	2 ...	7 ...	58.3
5.	Swaythling Juniors	... 171 ...	150 ...	5 ...	2 ...	14 ...	78 ...	52.0
6.	Freemantle Girls' and Infants' ...	... 91 ...	58 ...	8 ...	14 ...	11 ...	30 ...	51.7
7.	Bitterne Park Girls'	... 64 ...	32 ...	7 ...	17 ...	8 ...	16 ...	50.0
8.	Bitterne Park Infants'...	83 ...	50 ...	2 ...	5 ...	26 ...	22 ...	44.0
9.	Freemantle Boys'	... 70 ...	43 ...	— ...	21 ...	6 ...	17 ...	39.5
10.	Springhill Girls' and In- fants' ...	... 108 ...	71 ...	7 ...	13 ...	17 ...	28 ...	39.4
11.	Foundry Lane Girls'	... 145 ...	84 ...	9 ...	37 ...	15 ...	33 ...	39.2
12.	Mount Pleasant Boys'	... 81 ...	49 ...	— ...	18 ...	14 ...	19 ...	38.7
13.	Mount Pleasant Girls'	... 117 ...	93 ...	2 ...	15 ...	7 ...	35 ...	37.6
14.	Swaythling Girls'	... 84 ...	65 ...	2 ...	9 ...	8 ...	24 ...	36.9
15.	Springhill Boys'	... 29 ...	22 ...	2 ...	4 ...	1 ...	8 ...	36.3
16.	Northam Infants'	... 114 ...	104 ...	— ...	4 ...	6 ...	37 ...	35.5
17.	Mount Pleasant Infants'	72 ...	31 ...	4 ...	5 ...	32 ...	11 ...	35.4
18.	Foundry Lane Boys'	... 127 ...	91 ...	4 ...	22 ...	10 ...	32 ...	35.1
19.	Northam Boys'	... 122 ...	80 ...	— ...	15 ...	27 ...	26 ...	32.5
20.	Bitterne Park Boys'	... 132 ...	94 ...	2 ...	27 ...	9 ...	30 ...	31.9
21.	Burgess Road Infants'...	45 ...	41 ...	— ...	1 ...	3 ...	13 ...	31.7
22.	Swaythling Boys'	... 58 ...	48 ...	1 ...	2 ...	7 ...	15 ...	31.2
23.	Northam Girls'	... 68 ...	49 ...	— ...	7 ...	12 ...	15 ...	30.6
24.	Central Girls' ...	... 121 ...	80 ...	2 ...	27 ...	12 ...	24 ...	30.6
25.	Regent's Park Girls'	... 132 ...	104 ...	7 ...	5 ...	16 ...	27 ...	25.9
26.	Regent's Park Infants'	74 ...	42 ...	3 ...	10 ...	19 ...	10 ...	23.8
27.	Foundry Lane Infants'	50 ...	24 ...	— ...	11 ...	15 ...	5 ...	20.8

ORTHOPÆDIC CLINIC.

This Clinic has continued its valuable work of improving or remedying the Orthopædic defects of the school and pre-school child.

The sessions are held at No. 1 East Park Terrace, and the Clinic is conducted by a Surgeon from the Lord Mayor Treloar's Cripples' Hospital, at Alton. The Surgeon attends twice a month on alternate Wednesdays. He is assisted on these afternoons by one of the medical officers of the School Medical Department, who is also in charge of the Clinic on the remaining Wednesdays in the month.

Increased attendance of patients at these Clinics has necessitated the holding of several additional sessions during the year. In all, 53 Clinics have been held; the Specialist attended 24 and the Authority's medical officer 29.

The increased attendance does not necessarily indicate a corresponding increase in the number of defects. It may be accounted for by the fact that—

1. More parents realise the advantages of its use to their children ; and
2. An increasing number of cases is referred to the Clinic by local practitioners who wish to avail themselves of the expert advice of the Surgeon from Alton.

The Remedial Clinic is attended on five mornings a week by a fully qualified masseuse, who carries out the treatment prescribed by the Surgeon on the Wednesday afternoons. Early defects that untreated would lead to obvious deformity benefit tremendously by this Clinic. Treatment includes exercises, massage, sun-ray, radiant heat, application of plasters, while splints, calipers and special boots are provided for those children who need them.

The number of cases of flat-foot this year are 216, as against 115 last year. This suggests that the younger generation are becoming flat-footed. There is reason to believe that the daily

wearing of heel-less shoes—such as plimsolls, sandals and Wellingtons tends to increase the tendency to “dropped arches,” and it is advisable for parents to bear this in mind.

During the year 52 cases from the County Borough were admitted to the Lord Mayor Treloar’s Home, and 7 more are awaiting admission, making the total of 59 in all. Fifty-five children have been discharged as cured or improved, and requiring no further treatment.

Cases from the neighbouring county of Hampshire have continued to attend the Clinic this year, the number increasing from 25 last year to 40 this year.

The following is a record of the cases who attended the Clinic during the year :—

ANALYSIS OF ATTENDANCES AT THE ORTHOPÆDIC CLINIC, 1937.

Congenital—Talipes equino-varus	...	...	...	...	23
Calcaneo valgus	...	...	...	...	2
Calcaneo cavus	...	...	...	...	2
Talipes calcaneo valgus	...	...	...	...	1
Torticollis	...	...	...	...	9
Dislocation of hip	...	...	...	...	11
Spine	...	...	...	...	8
Pseudo-coxalgia	...	...	...	...	4
Other forms, including combinations of more than one defect	...	...	...	...	10
Traumatic—Old fracture	...	...	...	...	3
Sprained ankle	...	...	...	...	2
Dislocation	...	...	...	...	0
Scarring	...	...	...	...	1
Other forms	...	...	...	...	3
Other—Kyphosis	...	...	...	...	43
Scoliosis	...	...	...	...	33
Poor posture	...	...	...	...	18
Pes planus	...	...	...	...	216
Pes cavus	...	...	...	...	10
Hallus valgus	...	...	...	...	11
Other foot deformities	...	...	...	...	20
Other forms, including combinations of more than one defect	...	...	...	...	48

Rickets—Genu valgum	...	...	...	...	...	50
Genu varum	...	...	...	...	...	15
Other forms, including combinations of more than one defect	...	...	...	...	...	9
Inflammations—Arthritis	...	...	...	...	...	9
Rheumatic	...	...	...	...	...	12
Osteomyelitis	...	...	...	...	...	3
Ankylosis	...	...	...	...	...	—
Other forms...	...	...	...	...	...	5
Paralysis—Erb's birth palsy	...	...	...	...	...	3
Infantile	...	...	...	...	...	28
Congenital spastic paraplegia	...	...	...	...	...	20
Tuberculosis—Spine	...	...	...	...	...	8
Hip	...	...	...	...	...	12
Upper limb	...	...	...	...	...	3
Lower limb	...	...	...	...	...	5
Various other conditions	...	...	...	...	...	39
						<hr/> 699 <hr/>

RHEUMATIC AND HEART CLINIC.

There has been no reduction in the number of children attending this Clinic and it is to be hoped that nothing, other than a lessening of the incidence of rheumatic disease, will bring about such a reduction. The purpose of the Clinic is to give to those who attend it such supervision as will prevent any worsening of their affected hearts and so to help them whenever possible to resume a normal school life and later to take up a full working life ; where this ideal is impossible to enable them to attain as much of it as can be. To do this years of supervision are often necessary and it is only with the co-operation of the parents that we can hope to achieve this object ; fortunately it is not often that this co-operation is not forthcoming.

Another very important side of the work is the assessment of the minor degrees of abnormality ; many children have had a label of " heart disease " tied to them and have lived to a ripe old age missing, however, a great deal of the activity and pleasure of life in the belief that they are unable to do what others can. It is a grave matter to have this handicap thrust on anyone and

every effort must be made to ensure that no one is denied any activity that they can undertake without harm to themselves.

The following tables give details of the work of the Clinic :—

TABLE A.

Number of children remaining under supervision, January, 1937	...	...	...	...	...	124
Number of children seen for the first time during 1937	...	...	...	...	...	67
Discharged during 1937	...	...	...	...	...	80
Number remaining under supervision, December, 1937	...	...	...	...	...	111
Total number of visits paid to Clinic during 1937						439

TABLE B.

Of the new cases, the following gave history of :—

Rheumatic Fever	...	...	...	...	...	7
Rheumatic Pains	...	...	...	...	...	21
Chorea	...	...	...	...	...	7

TABLE C.

Of the new cases, the following were suspected or showed evidence of cardiac abnormality :—

Definite Carditis	...	...	...	...	...	12
Suspected Carditis	...	...	...	...	...	3
Congenital abnormality	...	...	...	...	...	10

TABLE D.

Recommendations were made during the year with regard to individual children :—

Recommended admission to Hospital, Hospital School or Open-air School	...	...	...	...	5
Actually admitted to	...	...	...	...	2
Sent to private doctor	...	...	...	...	9
Referred to Ear, Nose, and Throat Clinic	...	...	...	...	11
Drills and games at school stopped	...	...	...	...	25
Drills and games at school curtailed	...	...	...	...	2
Restrictions regarding drills and games removed	...	...	...	...	12
Recommended to Dental Clinic	...	...	...	...	4

ARTIFICIAL LIGHT CLINIC.

A new Clinic was opened at Sydney House in September, 1937, which has to some extent relieved the pressure on the accommodation at the Clinic at East Park Terrace, as is shown by the reduction in the number of new cases treated there during the year.

A Clinic like this always receives a large proportion of children from other sources, private doctors, school medical officers, and other Clinics, where previous forms of treatment have failed; others are children who do not appear very well, and who need some form of tonic. It is not surprising, therefore, that many of these children can only be classed as suffering from "general debility," which covers a multitude of states, and makes it correspondingly difficult to assess cure or improvement. In rickets, on the other hand, a failure to improve rapidly would need further investigation.

East Park Terrace. Sydney House.
School. Pre-School. School. Pre-School.

Children who attended for the first time in 1937...	37	42	20	16
Children who continued to attend from previous year 	38	9	—	—

The children under treatment at the end of the year were :—

SCHOOL—

General Debility	...	...	25
Asthma, Bronchitis, etc.	...	...	10
Chorea, etc.	...	...	7
Adenitis	...	...	10
Skin	...	...	1

PRE-SCHOOL—

Rickets	...	...	22
General Debility	...	...	8
Bronchitis	...	...	4
Adenitis	...	...	1

Ailment.	No.	Period of Attendance in Months.			Radiation in Minutes.			No. of Treatments.	Weight. Increase in lbs.	Cured.	Improved.	No Change.	Remarks.
		Tot.	Av.	Lst.	Mst.	Tot.	Av.	Lst.	Mst.				
SCHOOL CHILDREN. General Debility ...	10	75½	7½	1	27	1090½	109	22½	328	245	lbs. oz. 4.14 0 17	(a) 8 (b) 1 (c) 1	(a) Four also had calcium; one malt and oil; one to E.N.T. Clinic. (b) To O.A.S. (c) Defaulter.
Incipient Chorea ...	4	31½	8	3	13	303½	76	36	120½	73	3.4 0 7	2 1	
Bronchitis, Asthma, etc. ...	4	52	13	5	30	501½	125½	38½	294	118	6 2 10	3	
*Cervical Adenitis ...	3	59	20	6	29	285	95	53½	143½	60	6.5 1 9	2	One to T.O.
Underweight ...	1	3	3	—	—	65	65	65	65	17	— — —	—	Also malt and oil.

* Received also 12 local applications at 12" totalling 48½ minutes.

Two boys also had infra red light for Myositis, both cured, one after three, the other after six 10-minute treatments.

PRE-SCHOOL CHILDREN. General Debility ...	4	31	8	5	15	392½	98	60½	124½	96	lbs. oz. 2.8 1 4	2 1	1
Rickets ...	5	24	5	3	8	430½	86	58½	118	106	2.0 1 3	1 3	1
Bronchitis ...	1	9	9	9	9	52½	52½	52½	52½	14	5.0 5 5	1	—

Six who attended less than five times are not included. Nearly all children received cod liver oil in one form or another.

SYDNEY HOUSE.

Clinics are held on Wednesday and Friday afternoons for school children, at which advice is given on any condition that may occur whilst minor ailments are treated. The latter group is made up largely of skin conditions, including septic sores and impetigo.

ATTENDANCES.

		New.		Old.		Total.			
		1937.	1936.	1937.	1936.	1937.	1936.		
Skin	...	497	363	...	3876	2590	...	4373	2953
General	...	545	661	...	908	1454	...	1453	2115
				Total		...	...	<u>5826</u>	<u>5068</u>

Although the total attendances are 758 higher this year than last year, there has been a marked decrease in the number at the general inspection Clinics. Probably the fact that the weather was exceptionally good last autumn, which caused a big drop in the number attending for various forms of catarrh, has influenced the figures.

On Saturday mornings a Diphtheria Immunisation Clinic is held regularly, and special cases are seen by appointment. It is regrettable that there was again a drop in the number attending for the full course as compared to the previous year. Parents are, unfortunately, lulled into a false sense of security when the incidence of diphtheria is exceptionally low, as it was in the latter part of the year.

The main feature of the year was the opening of the Artificial Light Clinic in October. Children of all ages attend twice weekly on Tuesday and Friday mornings, being seen by the doctor at every other visit. A full course consists of an average of 15 exposures, varying from three to seven minutes, and each child has three such courses with an interval of a fortnight, between each one. It is as yet too early to draw any conclusions, as not one of the twenty school children attending regularly has completed treatment, but there is no doubt that the sunlight is doing good in most of the cases of general debility.

SPEECH CLINIC.

The Therapist-in-charge of the Speech Clinic for Elementary School children submits the following report on the period from 1st January to 31st December, 1937:—

	Number on Register 1st Jan., 1937.			Number Admitted during 1937.			Number Discharged during 1937.			Number on Register 31st Dec., 1937.		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Stammerers	30	3	33	18	6	24	21	2	23	27	7	34
Speech Disorders other than Stammering	7	4	11	18	11	29	9	7	16	16	8	24
	37	7	44	36	17	53	30	9	39	43	15	58

The children discharged were classified as follows:—

	Stammerers.		Disorders of Speech other than Stammering.		Total.
Provisionally Cured	9 (a)	...	8	17
Much Improved	10 (b)	...	5 (d)	15
Slightly Improved	4 (c)	...	3 (e)	7
		23		16	39

a) Three of these have left school.

b) Four of these have left school.

One transferred to a Secondary School (Special Place).
One was withdrawn.

c) Three of these were withdrawn.

One transferred to a Secondary School (Special Place).

d) Two of these have left school.

e) One of these was transferred at a Surgeon's request to Speech Therapy Department, Royal South Hants and Southampton Hospital.
One was withdrawn.

Approximately 280 children were interviewed by the Therapist during his visits to schools. In the majority of cases the parents of the children concerned were present.

Five visits were paid to the Special School.

As a result of the forms sent to the schools in December, 15 children, according to their teachers, were in need of advice or treatment. This number included children already under observation or attending the Clinic.

The additional weekly session granted for individual treatment of speech defects began early in February. The number of treatments given at this, and the existing weekly session for this type of remedial speech work, totalled 595 during the year.

The Senior Assistant School Medical Officer who supervised the Speech Clinic from its inception left in September. Before he left he collaborated with the Therapist in re-drafting the form used at the examination of a stammering child on admittance. A copy of the revised form may be found on pages 48 and 49.

In comparing the Clinic in 1937 with the year 1934, it is interesting to note that in the early days it was chiefly older children who were treated in order to ameliorate their difficulties prior to their leaving school. It is now the practice to give children treatment as early as five or six years of age in order that an opportunity may be afforded for improved speech with their development at school.

Co-operation with the Child Guidance Clinic, which will be opened early in 1938, will no doubt expedite the treatment for certain cases of stammering which necessitate the co-operation of the staff of such a Clinic. With the assistance of the Social Worker it should also be possible to secure increased co-operation with parents.

An article entitled "Speech Therapy in Southampton" by the Therapist-in-charge of the Speech Clinic appeared in the October issue of the quarterly "Speech," official organ of the British Society of Speech Therapists. Full details of the School Speech Clinic and the Speech Therapy Department at the Royal South Hants and Southampton Hospital, and the co-operation between them, were described.

The following paragraph is taken from the article and describes the group treatment of stammering employed at the Speech Clinic:

“The group treatment of stammering employed is, in the main, similar to that prevailing in other centres throughout the country, the basic factors being relaxation, suggestion and rhythmic co-ordination. One of the most successful aids I have yet used in the treatment of stammering children, viz., puppetry, was introduced with marked success last year. Glove puppets are used because of their comparatively simple manipulation. Time and materials were not available to enable the children to make their own puppets and stage, but in the making of these interested friends and adult stammering patients gave willing assistance. The short entertainments provided by the children are essentially spontaneous—at no time are plays rehearsed as in serious puppetry—and the young performers, screened by the black muslin curtain which separates them from their audience, obtain psychological release and later realise that what is possible behind the curtain is possible in everyday life. Other play activity includes shopping, and in this, like puppetry, all the children, irrespective of age, take a keen delight. The dummy trolleys used in the ‘Grocery’ and ‘Confectionery’ departments have all been supplied by the children themselves, who do not hesitate to bombard any shop where there is a likelihood of obtaining material for their ‘Clinic Shop.’ Shopping is frequently disliked by stammerers, but undertaken as a game often gives them the necessary confidence required for shopping in real life. Parents invariably report marked improvement in this respect. The idea is by no means original but its value is sometimes overlooked.”

An ever-growing demand for lectures and addresses on Speech Therapy shows the serious interest the public is taking in the subject.

COUNTY BOROUGH OF SOUTHAMPTON—EDUCATION COMMITTEE.

SPEECH CLINIC.

STAMMERING CHILD.

Name..... Date of birth.....

Address.....

School (and Standard).....

Family History (Speech and Nervous Disorders).....

.....

.....

.....

General environment (including any unusual domestic circumstances.
Economics. Place of child in family. Attitude of child to family, and
vice versa).

.....

.....

.....

.....

Personal history. Previous illnesses and accidents (with dates, if possible).

.....

.....

.....

Educational history. Schools attended. Regularity of attendance.

Educational achievements. General attitude to school.

.....

.....

.....

.....

Physical Condition : Nutrition

Teeth

Palate

Nose and throat, with particulars of any operations

.....

Vision (including squint)

Hearing

Thorax.....

.....

Deformity or postural defect

Nervous system, including co-ordination history.....

.....

.....

Right or left-handed (patient and family).....

.....

Temperamental peculiarities

.....

Personal and social qualities

.....

Speech.—Degree of stammer

Any defect of speech other than stammer.....

Any other observations

.....

Did the parent attend ?

Signature of Medical Officer.....

Date.....

Date.	Progress.	Initials of M.O.

Date of Discharge.....

Result.....

Signature of
Medical Officer

CONGENITAL SYPHILIS.

Several children have been referred to the Venereal Diseases Officer from the School Medical Department during the year.

The following table shows the number of children suffering from congenital syphilis at the end of 1936 and 1937 :—

			Boys.	Girls.	Total.
1937	Between the ages of 5 and 15	...	9	8	17
1936	Between the ages of 5 and 15	...	2	8	10

MUNICIPAL CLINICS.

The days and hours on which the various Clinics are held are as follows :—

1 East Park Terrace, Southampton.

EAR, NOSE, AND THROAT CLINIC.

Monday and Thursday, 9 a.m. (by appointment).

OPHTHALMIC CLINIC.

Tuesday, 2 p.m. (by appointment).

Wednesday and Friday, 9 a.m. (by appointment).

SKIN CLINIC.

Tuesday and Friday (Medical Officer), 2 p.m.

Daily by Nurses.

INSPECTION CLINIC.

Wednesday, 2 p.m.

RHEUMATIC CLINIC.

Thursday, 2 p.m. (by appointment).

ARTIFICIAL LIGHT CLINIC.

Tuesday, 9.30 a.m.

Friday, 2 p.m. (by appointment).

ORTHOPÆDIC CLINIC.

Wednesday, 2 p.m.

DIPHTHERIA IMMUNISATION CLINIC.

Monday, 2 p.m.

POST INFECTIOUS CLINIC.

Thursday, 2 p.m. (by appointment).

ASTHMA CLINIC.

Monday, 2 p.m.

SPEECH CLINIC.

Clinics for speech defects are held on Monday, Tuesday, Thursday and Friday mornings, Friday afternoon and Saturday morning.

CHILD GUIDANCE CLINIC.

To be arranged.

DENTAL CLINIC.

Monday to Friday, 9.30 a.m. to 12.30 p.m., and 2 p.m. to 5 p.m.

Saturday, 9 a.m. to 12 noon.

(Children only seen by appointment, except on Thursday afternoon, which is set aside for casuals. Urgent cases of toothache can be dealt with at any time.)

Sydney House, Pear Tree Avenue, Bitterne.

SCHOOL CLINIC.

Wednesday and Friday, 2 p.m.

ARTIFICIAL LIGHT CLINIC.

Tuesday and Friday, 9.30 a.m.

DENTAL CLINIC.

Monday to Thursday, 9 a.m. to 12 noon, and 2 p.m. to 5 p.m.

Friday, 2 p.m. to 5 p.m.

Saturday, 9 a.m. to 12 noon.

(Children only seen by appointment, except on Thursday afternoon, which is set aside for casuals. Urgent cases of toothache can be dealt with at any time except Friday morning, when no Dentist is available.)

Appended is a summary of the attendances made at the various Clinics during the year:—

Clinic.	1 East Park Terrace.		Sydney House.		Total
	New.	Old.	New.	Old.	
Dental Clinic	5443	5082	2260	2984	15,769
Skin Clinic	1156	6939	497	3876	12,468
General Inspection	693	1929	545	908	4,075
Ophthalmic Clinic	739	2411	—	—	3,150
Ear, Nose and Throat Clinic ...	911	1799	—	—	2,710
Orthopædic Clinic	354	7273	—	—	7,627
Rheumatism Clinic	59	319	—	—	378
Sunlight Clinic	37	1280	20	177	1,514
Special Clinics	505		150		655
Immunisation Clinic	2819		751		3,570
Totals	39,747		12,168		51,915

Swaythling Branch Clinic 3,929

Shirley Warren Branch Clinic 1,567

Tuberculosis Clinic 5,496

1,643

INFECTIOUS DISEASE.

The incidence of the notifiable infectious diseases again fell during 1937, slightly in the case of diphtheria, more markedly among scarlet fever. Two slight outbreaks of diphtheria were encountered, one at Bassett Green and the other at the Convent High School, over 20% of the cases occurring in these schools. The usual precautions were taken in each instance, and, in addition at the Convent High School, private doctors were immediately informed, Schick tests were performed, and active immunisation carried out. A number of the cases notified were those of carriers, no clinical signs being present, and a further small number were found as the result of routine swabbing before the admission of children to sanatoria and Special Schools.

A small outbreak of para-typhoid was discovered during the summer holidays. Four children were affected, and the widespread activity of the Health Department, and the following up of all absentees by the Health Visitors, soon resulted in the outbreak being checked. An investigation into a number of cases of jaundice could not be completed owing to the lack of information obtainable from parents and insufficient numbers, but this matter is being watched.

INFECTIOUS DISEASES.

	1937.	1936.	1935.	1934.
Diphtheria	118	135	378	342
Scarlet Fever	134	172	199	332
Enteric Fever	2	—	1	—
Typhoid Fever	—	—	—	—
Para-Typhoid	4	—	—	1
Cerebro-Spinal Fever ...	1	—	1	1
Encephalitis Lethargica ...	—	—	—	—

EPIDEMIC AND INFECTIOUS DISEASE.

SCHOOL.	No. of cases of—				
	Diph- theria.	Scarlet Fever.	Para- Typhoid.	Enteric Fever.	Cerebro- Sp. Fever.
ASCUPART—					
Boys	1	—	—	—	—
Girls	—	1	—	—	—
Infants	—	3	—	—	—
EASTERN DISTRICT—					
Boys	2	2	—	—	—
Girls	2	1	—	—	—
Infants	6	6	—	—	—
DEANERY SENIOR—					
Boys	3	—	—	—	—
Girls	3	1	1	—	—
ST. JOHN'S	5	2	—	—	—
ST. JOSEPH'S	3	1	—	—	—
ST. MARY'S—					
Infants	2	—	—	—	—
Girls	—	2	—	—	—
CENTRAL DISTRICT—					
Boys	4	2	—	—	—
Girls	—	2	1	—	—
Infants	4	5	—	—	—
BEVOIS TOWN—					
Boys	—	—	—	—	—
Girls	—	1	—	—	—
Infants	1	1	—	—	1
NORTHAM—					
Boys	—	1	—	—	—
Girls	—	—	—	—	—
Infants	5	1	—	—	—
MOUNT PLEASANT—					
Boys	1	—	—	—	—
Infants	—	3	—	—	—

SCHOOL.				Diph- theria.	Scarlet Fever.	No. of cases of—		
						Para- Typhoid.	Enteric Fever.	Cerebro- Sp. Fever.
WESTERN DISTRICT—								
Boys	...	...	...	—	2	—	—	—
Girls	...	...	...	—	3	—	—	—
Infants	...	...	...	2	6	—	—	—
FREEMANTLE C. OF E.—								
Boys	...	...	...	I	—	—	—	—
Girls	...	...	...	I	—	—	—	—
Infants	...	...	...	—	2	—	—	—
SPRINGHILL R.C.—								
Boys	...	...	...	—	I	—	—	—
Girls	...	...	...	}	9	—	—	—
Infants	...	...	...		
ST. MARK'S	...	...	...	—	I	—	—	—
<hr/>								
SHIRLEY—								
Boys	...	...	...	2	—	—	I	—
Girls	...	...	...	3	I	—	—	—
Infants	...	...	...	4	2	—	—	—
ST. JUDE'S	...	...	...	—	I	—	—	—
SHIRLEY WARREN—								
Infants	...	...	...	I	8	—	I	—
Senior Girls	...	...	...	I	2	—	—	—
Junior Girls	...	...	...	I	I	—	—	—
COXFORD JUNIOR	...	...	...	—	2	—	—	—
REGENT'S PARK—								
Boys	...	...	...	2	3	—	—	—
Girls	...	...	...	—	I	—	—	—
Infants	...	...	...	3	4	I	—	—
FOUNDRY LANE—								
Boys	...	...	...	I	—	—	—	—
Girls	...	...	...	—	3	—	—	—
Infants	...	...	...	—	—	—	—	—
<hr/>								
BITTERNE PARK—								
Boys	...	...	...	—	I	—	—	—
Girls	...	...	...	—	2	—	—	—
Infants	...	...	...	—	—	—	—	—
ST. DENYS—								
Boys	...	...	...	—	—	—	—	—
Girls	...	...	...	—	—	—	—	—
Infants	...	...	...	I	—	—	—	—

SCHOOL.				No. of cases of—				
				Diph- theria.	Scarlet Fever.	Para- Typhoid.	Enteric Fever.	Cerebro- Sp. Fever.
BURGESS ROAD—								
Infants	...	...	...	—	I	—	—	—
PORTSWOOD—								
Boys	...	...	...	—	—	—	—	—
Girls	...	...	...	—	—	—	—	—
Infants	...	...	...	—	2	—	—	—
HIGHFIELD				...	—	—	—	—
WAYTHLING—								
Boys	...	...	...	3	2	—	—	—
Girls	...	...	...	3	I	—	—	—
Infants	...	...	...	2	—	—	—	—
Junior	...	...	...	I	—	—	—	—
BASSETT GREEN				...	I5	4	—	—
HOLING—								
Boys	...	...	...	—	—	—	—	—
Girls	...	...	...	2	I	—	—	—
Infants	...	...	...	2	9	—	—	—
MERRY OAK				...	I	I	—	—
UDLOW ROAD—								
Boys	...	...	...	—	—	—	—	—
Girls	...	...	...	—	I	—	—	—
Infants	...	...	...	—	3	—	—	—
ITTERNE C. OF E.—								
Boys	...	...	...	—	—	—	—	—
Girls	...	...	...	—	I	—	—	—
Infants	...	...	...	—	—	—	—	—
ITTERNE MANOR				...	—	I	—	—
EAR TREE GREEN				...	2	—	—	—
TATION ROAD—								
Infants	...	...	...	2	4	—	—	—
Special	...	...	...	—	—	—	—	—
Annexe	...	...	...	I	2	—	—	—
OOLSTON—								
Boys	...	...	...	—	I	—	—	—
Girls	...	...	...	I	2	—	—	—
Infants	...	...	...	—	I	—	—	—
OOLSTON R.C.				...	2	4	—	—

Secondary Schools—			Diph- theria.	Scarlet Fever.	No. of cases of— Para- Typhoid.	Enteric Fever.	Cerebro- Sp. Fever.
Taunton's	...	...	I	I	I	—	—
King Edward VI	...	...	—	—	—	—	—
Itchen Secondary	...	...	I	—	—	—	—
St. Anne's	...	...	I	I	—	—	—
Girls' Grammar School	...	...	—	I	—	—	—
Convent High School	...	...	13	—	—	—	—

DIPHTHERIA IMMUNISATION.

At the end of December, 1937, the following work had been performed since the inception of our scheme :—

1. Number of children who had received a course of T.A.F. or T.A.M. with final Schick Test negative	...	...	...	7,055
2. Number of children who had received a course of one injection A.P.T. with final Schick Test negative	...	...	...	1,125
3. Number of children who had received a course of two injections A.P.T. with final Schick Test negative	...	...	...	1,009
4. Number of children who had received a Schick Test only with negative result	...	...	...	280
				----- 9,469
5. Number of children who have received one two or three injections T.A.F., but have not completed course	...	...	...	2,759
6. Number of children who have received one or two injections A.P.T., but have not completed course	...	...	...	828
7. Number of children who have had a positive Schick Test only	...	...	...	31
				----- 3,618
				<hr/> 13,087 <hr/>

Approximately 50% of the children in Groups 5 and 6 have received the full injections, but have not received the necessary Schick Test ; so that I assume that approximately 11,000 children have been protected against diphtheria. As there are approximately 40,000 children under the age of 16 in the County Borough, and as a certain proportion of those included in the above tables

have passed that age, we have only about 20% of our child population protected. In spite of the efforts of my staff at routine inspections and by lectures at Welfare Centres, consents are coming in slowly, and I shall make further endeavours to remedy this in 1938.

CHILDREN EXCLUDED FROM SCHOOL, 1937.

The following are particulars of the defects for which children were excluded from School as required by the Code.

Adenitis	...	...	...	...	...	...	12
Adenoid Operations	...	...	...	...	...	...	28
Blepharitis	...	...	...	...	...	...	3
Bronchitis	...	...	...	...	...	...	15
Chorea	...	...	...	...	...	...	9
Chicken Pox	...	...	...	...	...	...	6
Conjunctivitis	...	...	...	...	...	...	2
Debility	...	...	...	...	...	...	41
Diphtheria	...	...	...	...	...	...	1
Pediculosis Capitis	...	...	...	...	...	...	401
Dermatitis	...	...	...	...	...	...	17
Epilepsy	...	...	...	...	...	...	2
Glands	...	...	...	...	...	...	8
Heart Disease	...	...	...	...	...	...	10
Herpes	...	...	...	...	...	...	7
Influenza	...	...	...	...	...	...	11
Impetigo	...	...	...	...	...	...	561
Mumps	...	...	...	...	...	...	18
Otitis Media	...	...	...	...	...	...	8
Otorrhœa	...	...	...	...	...	...	5
Ringworm (Head)	...	...	...	...	...	...	5
Ringworm (Body)	...	...	...	...	...	...	21
Rheumatism	...	...	...	...	...	...	31
Rhinitis	...	...	...	...	...	...	3
Scabies	...	...	...	...	...	...	49
Sores	...	...	...	...	...	...	307
Seborrhœa	...	...	...	...	...	...	7
Tonsil Operations	...	...	...	...	...	...	6
Tonsil and Adenoid Operations	...	...	...	...	...	...	282
Tonsillitis	...	...	...	...	...	...	14
Whooping Cough	...	...	...	...	...	...	3
Miscellaneous	...	...	...	...	...	...	435

REPORT ON SUMMER SCHOOL.

For the first time the season opened without any anxieties regarding the weather, as the scheme of permanent buildings planned and begun during the previous year had been completed.

The new accommodation now consists of the following :—

Two dormitory huts, each capable of sleeping 30 children in each of two rooms, and one teacher and furnished with single beds and lockers.

One staff hut, containing the superintendent's office and bedroom, a staff dining room, and four staff bedrooms. There is also lavatory accommodation for the staff and the superintendent.

One invalid hut with 2 bedrooms, nurse's living quarters, and lavatories.

One dining hall with serving tables, to seat 120.

The School began on 9th April and ended on 15th October, a period of 20 weeks. During this time 1,179 children attended, as compared with 980 in 1936 and 627 in 1935. These were composed of 591 boys from 20 departments, and 588 girls from 21 departments.

The weather, always a very important factor, was favourable throughout the season. After the first fortnight, which contained a few wet days, fairly dry conditions prevailed. The outdoor work was interrupted on few occasions, and the weekly day excursion to Titchfield Abbey and Church was cancelled eight times only.

The fine weather proved a trial in another respect. It had been decided to re-level one-half of the Sports Field, and the whole of the games had thus to be played on the remainder of the field which had not been levelled. The consequent lack of space was keenly felt, and the staff were kept well occupied in devising activities involving small playing areas. It must be remembered that more playing space is needed for the Summer School than for ordinary schools, as all the children turn out to play at once and not by individual classes.

The arrangements at the Summer School provide for the attendance of 120 children each fortnight, boys alternating with girls. The children are selected with the co-operation of the head teacher and staffs of the various schools, the Medical Department and the School Attendance Officers. Selection is usually made on the grounds of under feeding, poor home circumstances, the impossibility of obtaining any other change of surrounding or experience (through holidays away from home for example), and generally the children chosen are those who benefit from the results of controlled sleep and feeding, and living under the best conditions of fresh air and organised routine.

With regard to sleep, each child spends 10 hours, from 9 p.m. to 7 a.m., in a comfortable single bed with an adequate supply of blankets to ensure warmth. In addition, they are compelled to lie down after lunch for one hour, in fine weather sunbathing on the field, and in wet or cold weather reading, writing notes, and dozing on their beds.

Perhaps one of the biggest changes experienced by most of the children is found in the food. Here for the first time they find good food, well prepared and cooked, and served under good conditions in a pleasant, airy dining hall, and probably most important of all, eaten at regular times. The resultant gains in weight and improvement of health point to the importance of establishing a sound dietary.

One interesting change has been made this year. Instead of cocoa each evening for supper, soup is occasionally given. This has proved immensely popular. It has also been served, much to the children's delight, upon returning from the day excursions if the weather has been at all cool.

It must be mentioned that we are fortunate in having a good cook, one who understands the problems associated with an open-air school and who is ready to co-operate wholeheartedly with the superintendent.

The provision of a cold-room has taken away many of the worries associated with the storage of food.

Fresh air, too, is an important factor in the health of the children attending the School. In addition to working, sleeping, feeding, bathing and swimming in the fresh air, the children are encouraged to wear light clothing so as to allow as much air as possible to reach their bodies. In this way the stimulating and health-giving properties of moving air are given full opportunities.

Some form of physical training is taken each morning at 9. 15 a.m., either in the open if fine or in the dormitories if wet or cold.

The appointment of a full-time nurse has proved to have been very valuable. The responsibility in this branch has been taken off the shoulders of the superintendent and his staff, leaving them much more free to carry out the other duties. The appointment was a very happy one. Nurse Jackson has thrown herself wholeheartedly into the work and she has proved an outstanding success. Although the invalid room was in use almost continually, much of it for the purpose of observation, no serious illness was experienced. A great deal of the treatment was concerned with unclean heads, many of which should have had closer attention before attending the School.

Clinic is held twice daily at 9 a.m. and at 6 p.m.

An interesting and important experiment was tried out towards the middle of the period when good weather could reasonably be expected.

A number of children were specially chosen to stay at the School for one month instead of the usual fortnight. These were children who were well below the average in physique and nourishment, and were drawn from homes where conditions were definitely poor. Most of the children were recommended on the Medical Officers' advice only, some were chosen by head teachers, and others with the help of the School Attendance Officers. Twenty-four boys attended from 8 schools from 21st May to 18th June, and 39 girls from 9 schools from 18th June to 16th July.

The benefits of the longer stay were visibly shown—most of the children when they arrived were pale and frail looking. Very soon the paleness changed to sunburn, eyes became bright and keen, flesh became firmer and their physical development grew from day to day. It is also interesting to note that subsequent observations showed that this development was maintained for a long period after leaving the School.

The educational arrangements followed on the lines of previous years with one major exception. In order to meet the varying climatic and other conditions, and to secure a really elastic arrangement, a daily programme has superseded the time table. By this means it was felt that the Superintendent would be much more free to vary the work to fit in with the changeable conditions, and to change over to different activities as and when the needs arose.

DATE.	No. of Children weighed.		Boys.			Girls.			Average.		SPECIAL CASES.
	Boys.	Girls.	Gain.	Loss.	No Change.	Gain.	Loss.	No Change.	Gain.	Loss.	
1 9th April to 23rd April	114	—	104	5	5	—	—	—	Lbs. 1.90	Lbs. .60	Boys. Weighed. Gain. Loss. Change. 24 18 6 — Average gain ... 2.33 lbs. Average loss ... 1. 5 lbs. Greatest gain ... 5.25 lbs. Greatest loss ... 2. 5 lbs.
2 23rd April to 7th May	—	121	—	—	—	82	25	14	1.57	1.17	
3 21st May to 4th June	117	—	89	21	7	—	—	—	1.85	1.12	
4 4th June to 18th June	117	—	95	19	3	—	—	—	2.51	1.64	
5 18th June to 2nd July	—	131	—	—	—	108	16	7	2.7	1.51	
6 2nd July to 16th July	—	133	—	—	—	120	10	3	3.03	.8	GIRLS. Weighed. Gain. Loss. Change. 38 35 2 1 Average gain ... 3.61 lbs. Average loss ... 1.87 lbs. Greatest gain ... 7.25 lbs. Greatest loss ... 2.75 lbs.
7 16th July to 30th July	116	—	83	26	7	—	—	—	1.92	1.94	
8 3rd Sept. to 17th Sept.	—	120	—	—	—	93	20	7	2.08	.99	
9 17th Sept. to 1st Oct.	120	—	116	2	2	—	—	—	2.57	2.75	
10 1st Oct. to 15th Oct.	—	82	—	—	—	80	1	1	2.94	1.25	
	584	587	487	73	24	483	72	32			
<hr/>											
	1171 Total gained in weight ... 970 Average gains ... Boys, 2.17 lbs. Girls, 2.58 lbs.										
	, lost in weight ... 145 Average losses ... Boys, 1.59 lbs. Girls, 1.23 lbs.										
	, no change 56										

Greatest individual gain ... Boy, 9.5 lbs. Girl, 7.25 lbs.
Greatest individual loss ... Boy 6.5 lbs. Girl, 4 lbs.

The curriculum has an entirely open air bias and as far as possible each subject is treated in quite a different way from that obtaining in the ordinary elementary school.

Mathematics, Geography, Nature Study, Art and History are all intimately associated with and related to the district and are taught by visits to places of interest, by walks and excursions.

English is taught chiefly through the writing up of diaries, recording of lessons and observations, letter writing, discussions, debates, and the reading of the School Library Books. The children have also written and performed their own plays.

An important feature of the life at the School is instruction in personal cleanliness, washing, bathing and cleaning of teeth are vigorously encouraged. Cleanliness of hair and body, tidiness in dress, good manners at table, cleanliness of field and dormitories, care in preparation of food and treatment of domestic utensils, etc., are all given due attention.

The Education Committee paid their official visit to the School on 22nd September. The party, though small, showed the keen interest which the Committee take in the School. A massed display of Physical Training, a baseball match and boxing contests were items arranged for their special entertainment.

Interest in the School is also shown by the ever-increasing number of visits by teachers, parents and friends. Relations with local residents are extremely friendly and the children and staff have reason to remember and appreciate many little acts of kindness shown to them.

The report would not be complete without a tribute to the excellent work of the teachers, kitchen staff, nurse, medical officers and in particular to the superintendent, Mr. A. E. Dimmick. In previous years there have been two superintendents, each taking over for half of the season. This year the responsibility for the whole of the season was placed upon Mr. Dimmick. This important internal change has proved an outstanding success. His sympathetic attitude towards staff and children alike, his intensely practical outlook upon life, and above all his abounding enthusiasm for the School, its work and its possibilities, have justified his selection as superintendent.

I visited the School on two occasions, and was very impressed with the general arrangements.

COUNTY BOROUGH OF SOUTHAMPTON.—EDUCATION COMMITTEE.

SUMMER SCHOOL.—LEE-ON-THE-SOLENT.

ROTA OF VISITS.

Date of Visit.	School.	Number. Total.	Teacher.
9th April to 23rd April. Boys.	Bevois Town Bitterne Park Central District Portswood St. Joseph's R.C. Springhill R.C.	11 13 26 31 14 20 —115	Mr. L. W. C. Abbess Mr. H. A. Simons Mr. L. S. G. Silk Mr. J. H. Butler Mr. J. F. Hawkhead
23rd April to 7th May. GIRLS.	Central District Northam Portswood Regent's Park Western District	26 25 28 28 14 —121	Miss D. Shields Miss D. M. Burt Miss M. Ferrant Miss V. Johns Miss F. Yeates
21st May to 4th June. Boys.	Deanery Ludlow Road Woolston St. Mark's Special Places	14 34 39 6 24 —117	Mr. T. Charlton Mr. W. R. Hammon Mr. N. Cozens Mr. R. L. Payne Mr. R. H. Dilley
4th June to 18th June. Boys.	Merry Oak Shirley St. Denys Special Places	15 50 30 24 —119	Mr. E. C. Ford Mr. J. H. Guilmant Mr. F. A. E. Jones Mr. J. L. Morgan Mr. W. J. Shuker
18th June to 2nd July. GIRLS.	Deanery Merry Oak Shirley Special Places	24 29 39 39 —131	Mrs. Howland Miss R. E. Duncan Miss C. Etches Miss B. D. Coombs Miss W. Carter
2nd July to 16th July. GIRLS.	Bitterne Park Foundry Lane Northam St. Mark's Woolston Special Places	10 15 34 5 31 39 —134	Miss S. Tucker Miss I. Gravestock Miss D. G. Showell Miss Cooper Miss A. Bettridge

ROTA OF VISITS—Continued.

Date of Visit.	School.	Number. Total.	Teacher.
16th July to 30th July. Boys.	Mount Pleasant ... Regent's Park ... Swaythling ... Northam ...	20 35 35 30 —120	Mr. Jones Mr. J. G. Syms Mr. T. H. Roderick Mr. H. Travis Mr. J. Taylor
3rd Sept. to 17th Sept. GIRLS.	Ludlow Road ... St. Denys ... Springhill R.C. ... St. Joseph's R.C. ... Woolston ...	36 29 40 10 5 —120	Miss G. Kitchen Miss D. Odell Miss C. E. MacIntyre Mrs. M. McGarry Miss Hodgeson
17th Sept. to 1st Oct. Boys.	Bitterne Park ... Deanery ... Foundry Lane ... Merry Oak ... Western District ... St. Mark's ...	19 16 37 36 10 2 —121	Mr. T. Wandlass Mr. R. E. Edwards Mr. E. O. Sebborn Mr. W. A. Nicholls Mr. A. F. Faller
1st Oct. to 15th Oct. GIRLS.	Deanery ... Freemantle ... Mount Pleasant ... Swaythling ... Bevois Town ... Woolston ...	21 3 16 34 7 1 — 82	Miss E. M. Potter Miss A. Perren Miss C. P. Sly Miss D. Corps



REPORT OF THE ORGANISERS OF PHYSICAL EDUCATION.

MEN AND BOYS.

During the present year the interest in Physical Training has received national emphasis, and Physical Training has made more real advance than in any previous year. Public opinion has been aroused to the importance of Physical Training, not only as part of the school curriculum, but also as a means of giving to the youth of the country a healthy leisure occupation. The public now realise that Physical Training has something to offer towards the health of the people.

General interest in recreative Physical Training began in 1935 with the formation of the Central Council of Recreative Physical Training, whose aims "To co-operate with, and to offer to local authorities, voluntary organisations and others advice and help," have been fully carried out. During the year the Government have advanced upon the plan of the Central Council and issued the details of a scheme which, when fully matured, will provide an extension of Physical Training never before experienced in the history of the country. So much prominence has been given to the scheme that it is only necessary to mention it here.

The scheme, however, will fail if adequate preparation is not made in the schools. The Physical Education of the children in the primary schools begins as soon as they are enrolled and continues until they leave. The 1933 Syllabus of Physical Training issued by the Board of Education provides the tables of exercises, games and activities for children of this age and upwards. The work is arranged in a progressive order to meet the increase in the child's skill, strength and control as he moves upward through the school. The full benefits of a sound Physical Education can only be felt when the training is continuous. The lessons should be progressive from week to week, from class to class, and should extend from infant to senior schools, and ultimately to secondary, technical and evening schools. At the moment it is very difficult to secure this continuity as at the age of eleven plus there appear breaks in the orderly progression. These are due to various causes, the chief of which is the fact that re-organisation in the town is not yet completed. The scheme of Physical Education suitable to the needs of senior schoolboys demands the use of a certain amount of apparatus, which in its turn demands the use of indoor facilities. This

serious defect will not remain long with us as it is intended to build fully equipped gymnasia as integral parts of all new senior schools and to provide adequate arrangements in all other schools.

The work for senior schools is based upon the Reference Book of Gymnastic Training for Boys and the responsible teachers have attended teachers' classes arranged by the Organiser of Physical Training, or have received suitable training during their college careers, or have attended a recognised holiday course. The Reference Book is now considered to be unsuitable in its present form, and the Board of Education are considering the preparation of a parallel book to the 1933 Syllabus for use in senior schools.

The Physical Training Lessons.

Conditions in the town are so varied that it is impossible to follow a set plan. The results therefore are as varied as the conditions. Most of the schools have allotted an adequate amount of time to the subject and the teaching is in general fairly thorough. Regular, progressive work is still difficult owing to the fact that many of the schools are without indoor accommodation, and until this is rectified it will not be possible to found a comprehensive form of Physical Training throughout the schools.

In spite of these difficulties the standard of training shows improvement. There is a keener desire on the part of the teachers to place Physical Training in its proper place in the boys' education, and the lessons are taken with understanding of the purpose of Physical Education. This is reflected chiefly in the dress of the boys. For some time effort has been made to encourage the boys to remove as many garments as possible and to equip themselves with plimsolls. In a number of schools this is now quite common and in three schools at least the boys divest themselves of all clothes excepting trousers or shorts, and wear plimsolls. This appertains out of doors in the summer months as well as at other times indoors. Signs of this type are most welcome and are indicative of the spirit in which the subject is approached.

Supplies of shoes have been made to a few schools, but no set scheme has yet been formulated, as satisfactory methods of storage have not yet been evolved. It is recommended that boys who are able to afford shoes should provide their own and that only in cases of real necessity should the Committee be asked for supplies. In this way self-help and self-effort will be encouraged rather than a habit on relying on some Good Samaritan.

Co-operation with teachers of other subjects at other times must be secured in order to maintain the good postural positions and movements of the Physical Training lesson, if good habits of posture and movement are to be developed. Much of the value of a Physical Training lesson is lost if the boy is allowed to sit and stand in bad positions at other times of the day. In fact the hour or more of Physical Training throughout the week is worthless without this after care. Much more could be done in this direction.

Organised Games.

The general arrangements and conduct of the organised games lessons are still perhaps the least satisfactory phase of Physical Training. The lessons lack the essential feature of training by way of the simple minor games of the lower classes through a progressive scheme to the more highly technical games of the senior classes.

Some attention has been given to this during the year and in some schools progress has been made. Baseball and rounders have been established in one or two schools as alternative games to cricket. In a number of schools, however, the tradition of football matches in winter and cricket matches in summer is so firmly established without reference to the age or ability of the boys that the introduction of a compulsory scheme, as unnecessary as it is undesirable for the teacher with the proper outlook, would appear to offer the only solution. On the other hand it should be stated that the facilities available for games on the public recreation grounds are not such as to make easy the practice of such a scheme. The only pitches are for football and cricket and are marked out on an adult scale. Conditions will undoubtedly improve when the fields purchased by the Education Committee are fit for use. The Weston Lane Playing Field has now been roughly levelled and cleared, and should be ready within two years. The Aldermoor Playing Fields should be available in the following year.

Swimming Instruction.

Once again emphasis must be laid on the difficulties under which swimming instruction takes place. The whole of the instruction is given at one of the covered baths on the Western Esplanade. Owing to its situation the majority of classes have some distance to travel and the proportion of time given to swimming instruction in some schools is considerable. It is possible to spend more than an hour-and-a-half of school time over a single lesson in which the actual time in the water is 20 to 25 minutes.

The baths are open to members of the public whilst the lesson is in progress, and the instruction of large classes is at times rendered most difficult. Shouting, screaming and splashing, add to the difficulties of even identifying the pupils in a crowded bath.

Of the 35 periods of 45 minutes during the week only 28 are available for use, as the bath is reserved for the public only on Wednesday afternoons, and in the winter on Friday afternoons in addition. Under the circumstances a creditable standard of achievement is attained. The number of attendances made during the year in school hours was 22,582, as compared with 25,530 in 1936.

As the accommodation for swimming instruction is so inadequate the provision of a number of teaching baths might be contemplated. A report to this effect has been submitted to the Secretary to the Education Committee.

Teachers' Courses.

A course for Teachers in Senior Boys' Schools was begun on 8th November. Teachers from Junior Schools were also invited to attend. It is pleasing to report that 25 teachers enrolled, including two Head Teachers.

Evening Institutes.

Physical Training of a recreative character has again been a feature of each of the four evening institutes. This has proved popular with the students, and 7 classes with an average attendance of 20 were formed. During the present session fencing instruction was introduced. This was so popular that the initial class had to be immediately divided into two. A class in Football Training and Technique was also established; but in spite of the tradition of football, only a moderate number attended.

Voluntary Organisations and Recreative Classes.

The interest of adolescents and adults in Physical Training has continued to grow and the provision of classes is limited practically entirely by the number of gymnasia and available halls. The Taunton's School gymnasium is used to capacity on every evening of the week. These open recreative classes are held weekly with a very satisfactory attendance. Three closed club classes were instituted during the year, two of them attached to a large firm and the other to a rugby football club. In these cases the club is responsible for the fees and not the individual member.

Fifteen boys' clubs take advantage of the Education Committee's instructors as compared with thirteen in 1936, and in all there are over 30 clubs in the town with regular classes in recreative Physical Training.

In addition to supervising the work in the voluntary units the organiser has arranged a Leaders' Course at which some 120 potential instructors attend for one-and-a-half hours each week.

The classes in Physical Training and swimming for unemployed adults were continued. The attendance varied considerably from 2 to 25, but it is very doubtful as to whether these classes are performing a useful function or not.

GIRLS AND INFANTS.

Girls' Work.

The work in the Girls' Schools is steadily progressing, and more periods are now being devoted to Physical Training. Some schools manage to attain the ideal of a period of physical activity every day, but, although this is not universal, the majority of schools now manage a period of Physical Training or games on four days a week.

There has been a marked improvement in posture, particularly in walking. Four schools have special daily postural training classes for girls with very bad posture. These classes have been most successful, and the results have more than justified the time and patience expended.

We have come more and more to realise how essential it is that every school should have a large hall or gymnasium where Physical Training can be taken in wet or very cold weather. On fine sunny days out of doors is by far the best place for a Physical Training lesson, but so much valuable time is lost in wet weather where there is no hall or gymnasium available. Changing into knickers and jumpers or blouses is universal, but if we are to attain the ideal of wearing only two garments specially kept for the purpose, we must have gymnasia for use in wet and very cold weather.

Games.

The schools are here handicapped by lack of proper playing fields and accommodation. Most schools are able to use some piece of grassland or recreation ground, but these grounds are not organised as playing fields, and marking and accommodation

for storing and changing is lacking. Certain grounds have been acquired for playing fields, and we hope in the near future to have better accommodation for all our senior schools.

Swimming.

Teachers have worked under great difficulties this year. The women's bath is in a very bad state of repair ; there is no handrail, and class teaching is therefore difficult. Some good work has, however, been done. In some schools practically the whole of one class takes swimming instruction, but in many schools the swimming class is made up of girls from several classes. This method is clumsy, upsetting the time-table of several classes, and it is hoped in the future that swimming, like any other Physical Training lesson, will be for the whole class.

Life saving has been taken in a few schools, and excellent work has been done.

Infants' Work.

All the Infants' teachers recognise that Infant Physical Training must be free, happy and purposeful. In all schools the children are happy, free, and self-reliant in their Physical Training lessons. They get out their own apparatus, arrange it, use it, and put it away, all excellent training in control and self-reliance.

In many schools the children change their shoes ; in two schools shoes have been provided for the poorer children. With the 5 and 6-year olds, some difficulty has been experienced in the lacing and re-lacing of their own boots, but this is being gradually overcome by "special" training in the manipulation of lacing and tying bows.

Coronation Demonstration.

At the Coronation a massed demonstration of Physical Training was given by some 5,000 girls, boys and infants.

The girls' work, rhythmical, was done to specially selected music. The girls enjoyed the work immensely, and the demonstration helped very much to foster a desire for good poise and carriage.

Some 800 infants took part in a demonstration of Informal Infant work, a demonstration which showed something of the spontaneity and joyful activity of present-day Infant Physical Training.

The teachers of both girls and infants are to be congratulated on the excellent way in which all the children were trained.

Voluntary Organisations.

Girls' Clubs.

Many clubs are taking part in Keep Fit work. Several business houses have started Keep Fit club classes for their girls, and these have been a great success. Some of the clubs are still rather small. It is realised, of course, that these organisations wish to maintain their own club life, but from an economic point of view it will be realised that in the near future it may be better to centralise the Keep Fit classes for clubs, running classes, open to a number of clubs in different parts of the town.

A most successful swimming class for club girls has been run this year, demonstrating the fact that centralisation of classes is effective.

Keep Fit Movement.

This movement has grown still more this year. There are now some 15 classes covering every area in the town. Enthusiasm is very great, and it is found that the women are keen and regular in their attendance. In many classes there is a large number of older women who find the work gives them vitality and a feeling of well-being. The School Medical Officer has allowed one of his women doctors to visit the classes to watch the work, give short health talks, and answer questions. This has been very much appreciated indeed by all concerned.

The doctors of the Post-Natal Clinic are advising women to join the classes.

The work of these open Keep Fit classes is being done by a staff of devoted and enthusiastic leaders and musicians, who spend a great deal of time in preparing the work, and throw themselves with tireless energy into the work.

Two gramophone records have been made by the organiser and one of the pianists, and published by H.M.V. These records, known as "The Keep Fit Records," are intended for use at home, so that those attending a Keep Fit class once a week may carry out the exercises daily. An illustrated brochure describing the exercises is supplied with each record. One record is for older people and one for younger people, and those who have done a certain amount of Keep Fit work.

PROVISION OF MEALS.

The total number of meals served during the year ended 31st December, 1937, was 285,630, a decrease of 85,674 on the number for the preceding year.

The meals consisted of 77,509 breakfasts and 208,121 dinners.

The total cost of providing the meals for the year was £6,318, the average cost per meal for food only being 3.61d., and the average cost per meal 5.30d.

The Centres at which meals are provided are :—

SHIRLEY (Stratton Road).	NORTHAM (Belvidere Terrace).
CANAL WALK.	WOOLSTON (Spring Road).
BURGESS ROAD.	SHOLING (North East Road).

These Centres supplied meals to the following schools :—

SHIRLEY—Foundry Lane, Regent's Park, Shirley, Springhill, Western District, St. Jude's, Shirley Warren Temporary, Coxford Junior Temporary, St. Mark's.

NORTHAM—Northam, Mount Pleasant, Central District.

CANAL WALK—Eastern District, St. John's, Ascupart, St. Joseph's, St. Mary's, Bitterne Park, St. Denys, Deanery.

WOOLSTON—Ludlow Road, Station Road, Pear Tree Green, Woolston R.C., Station Road Special, Woolston, Bitterne C.E., and Merry Oak.

BURGESS ROAD—Portswood, Highfield, Swaythling Senior, Swaythling Junior and Infants, Bassett Green, Burgess Road, and Joyce Hall.

SHOLING—Sholing Boys, Middle Road, and Merry Oak.

The number of children for whom meals were provided at all the Centres was 1,379, and these were drawn from the following schools :—

St. John's	...	...	29	Mount Pleasant	...	...	37
Central District	...	...	19	Bitterne Park	...	...	2
Ascupart	...	...	31	Foundry Lane	...	...	6
St. Denys	...	...	3	Regent's Park	...	...	52
St. Mary's	...	...	12	Springhill	...	...	22
Swaythling Senior	...	...	94	Shirley	...	...	121
Swaythling Junior and				Pear Tree Green	...	...	12
Infants'	...	...	97	Station Road Special	...	...	32
Burgess Road	...	...	51	Merry Oak	...	...	47
Highfield	...	...	4	Middle Road	...	...	58
Portswood	...	...	74	Sholing Boys'	...	...	55
Bassett Green	...	...	51	Woolston R.C.	...	...	16
Western District	...	...	5	Ludlow Road	...	...	99
Freemantle	...	...	2	Station Road Infants'	...	...	8
Eastern	...	...	39	Deanery	...	...	58
St. Joseph's	...	...	41	St. Jude's	...	...	17
Northam	...	...	99	Woolston	...	...	5
ShirleyWarren Temporary	25			Coxford	...	...	37
Bitterne C.E.	...	...	14	Joyce Hall	...	...	5

MALT AND OIL.

During the year 926 cases have been recommended by the School Medical Officer. Of these, 109 have been served at home, 369 at the schools for payment, and 417 served at the schools free.

Seventeen could not or would not take Malt and Oil.

MILK LUNCHES.

The total number of milk lunches served during the year ended 31st December, 1937, was 2,093,147. Of these, 579,253 bottles of milk were supplied free, and 1,513,894 were supplied for payment.

MENTALLY AND PHYSICALLY DEFECTIVE CHILDREN.

The arrangements for the examination of this group of children remained the same as in previous years.

Although the physical examinations were more numerous than the mental examinations, it is pleasing to note that the waiting period before admission to the Residential Open-air School at Ventnor is considerably shorter than that at any time for several years.

The results of the examinations carried out are shown :—

MENTAL EXAMINATIONS—

Not Defective	...	...	...	...	2
Dull or Backward	...	...	...	...	16
Mentally Defective	...	...	...	...	14
Notification to Local Authority	...	...	...	...	17
Diagnosis Postponed	...	...	...	...	8
Certificates returned	...	...	...	...	4
No School	...	...	...	...	—
Multiple Defects	...	...	...	...	1
Other examinations	...	...	...	...	4
					—66

PHYSICAL EXAMINATIONS—

Residential Open-air School	...	...	...	...	98
Day Open-air School	...	...	...	...	9
Ordinary School	...	...	...	...	55
Deaf School	...	...	...	...	1
Blind School	...	...	...	...	1
Epileptic School	...	...	...	...	12
Heart Home	...	...	...	...	14
Cripples	...	...	...	...	5
No School	...	...	...	...	—
Others	...	...	...	...	161
					—356
Examinations <i>re</i> Employment	...	...	...	...	77

SPECIAL SCHOOL FOR MENTALLY DEFECTIVE CHILDREN.

Owing to changes in the medical staff it was impossible to arrange for the inspection of the children attending this school during 1937. This inspection will be carried out early in 1938.

SOUTHAMPTON MENTAL WELFARE ASSOCIATION.

There were 185 Education cases on the books of this Association on the 31st December, 1937, made up as follows:—

Under the age of 14 years.

				Boys.	Girls.	Total.
Feeble-minded	...	...	...	22	18	40
Dull or backward	...	...	...	24	7	31
Unclassified	...	...	...	11	10	21
						— 92

Over the age of 14 years (and under 16 years).

				Boys.	Girls.	Total.
Feeble-minded	...	...	...	16	9	25
Dull or backward	...	...	...	41	20	61
Unclassified	...	...	...	6	1	7
						— 93
						— 185

During the year 405 visits were paid to the homes of children, between the ages of 7 and 16 years, attending Special Schools and Elementary Schools in the Borough. Yearly and half-yearly reports were sent to the Secretary for Education, and copies sent to the School Medical Officer.

New cases and re-applications during the year numbered 21.

The following cases were withdrawn from this section:—

Referred to other Associations	...	...	4
Admitted to Special Residential Schools	...	7	
Not mentally defective	...	...	38
			— 49
Transferred to general section on attaining the age of 16	...	...	9
			— 58

During the year the Education Authority notified 20 cases to the Local Authority under Section 2 (11) (a) of the Mental Deficiency Acts, and these cases have been placed under Statutory Supervision, and are visited every quarter by this Association. Four of these have been placed in Institutions.

These statistics show that during the year over 400 visits have been paid to the homes of mentally retarded children, who are either attending the Special School or are in special classes in the ordinary Elementary Schools. In several instances we have been instrumental in persuading the parents to take their children to the Clinic for re-examination, and often can illustrate the definite advantages and benefits which the child will obtain from the training in the Special School.

The school endeavours to give the child more confidence in himself and to make him more self-reliant. When we visit the homes we try to point out to the parents the infinite value of such training, and urge them to continue on these lines in the home environment. So often we find that at school the child is quiet, amenable to discipline, and able to attend to his own needs, while at home he is unmanageable, and has to be waited on: it is evident that such a child has been pampered and treated as a baby, and it is difficult to show parents that their treatment is harmful and far from helping the child in any way, is arresting the development of the child's own personality.

On leaving school, the feeble-minded boy experiences great difficulty in obtaining permanent employment suitable to his mental capacity, and so many obtain work as errand boys only to be dismissed at the age of sixteen by an employer who is out to get cheap labour, and refuses to pay the extra amount on insurance stamps, while the girls go into domestic service under unsympathetic mistresses, who, through insufficient knowledge of the girls' mentality, make no allowances for their defect, and expect the same standard of work as from the normal girl.

The Social Worker aims at advising the parents in their choice of work for defectives, and where possible, recommends that their employer be informed of their mental attainments, so that they may receive the necessary consideration and encouragement. Emphasis is always laid on the importance of considering the suitability of the work rather than the wage, as the fact of having employment where the defective is happy is the first step towards making him feel a useful member of the community.

NURSERY CLASSES.

The children attending the Nursery Classes at Northam, Eastern and Mount Pleasant Schools were examined as in previous years.

At the medical inspection 106 children were seen by the medical officers and 31 children were referred for treatment. This represents 29.2% of the children examined.

The defects found were :—

Defect.	Referred for	
	Treatment.	Observation.
Blepharitis	1	—
Defective Vision	1	—
Squint	7	—
Other Eye Defects	1	—
Chronic Tonsillitis	2	12
Adenoids	2	1
Chronic Tonsillitis and Adenoids	8	6
Defective Hearing	1	1
Otitis Media	1	—
Enlarged Glands	—	4
Functional Heart	—	1
Anaemia	1	—
Bronchitis'	5	1
Nervous	—	1
Other Deformities	21	4
Other Disease or Defect	1	1

MEDICAL ADVICE AND TREATMENT.

In the event of children attending the Municipal Clinics for treatment enquiries are made as to the financial position of the parents or guardians, as in order to comply with Section 81 (1) of the Education Act, 1921, a charge must be made for treatment in accordance with the scale of charges approved by the Board of Education.

This scale is printed below :—

- (a) Where the total income does not exceed £30 per head per annum (11/6 per head per week) of the family or household dependent on the income—

NO CHARGE TO BE MADE.

- (b) Where the total income exceeds £30 per head per annum (11/6 per head per week), but does not exceed £50 per head per annum (19/3 per head per week), charges shall be made as follows :—

Tonsil and Adenoid Operations :—				s.	d.
Maintenance at Borough Hospital (2 days)	...			16	4
Eye Disease (other than refractions)	...	...		2	6
Spectacles are provided by the parents or by special arrangements with the Education Committee.					
Dental treatment (per attendance)	...	...		1	0
Minor Ailments—skin diseases (no charge to be made for first week)	...	...	...	1	0
X-ray treatment of Ringworm	...	...	...	15	0
Artificial Light treatment (per attendance)	...			1	6

- (c) Where the income exceeds £50 per head per annum the charges shall be increased 50 per cent.

Treatment at the Municipal Clinic is offered to all school children attending either elementary or secondary schools, and no distinction is made.

The amount of fees received during the year ended the 31st December, 1937, for treatment at the Municipal Clinics was £143 5s. 4d.

ELEMENTARY SCHOOLS.

TABLE I.

Return of Medical Inspections, 31st December, 1937.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	2443	
Second Age Group	2362	
Third Age Group	2311	7116
		<hr/>
Number of other Routine Inspections	602	
		<hr/>
Total		7718
		<hr/>

B.—OTHER INSPECTIONS.

Number of Special Inspections	5603
Number of Re-inspections	20587
	<hr/>
Total	26190
	<hr/>

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Group. (1)	For defective vision (excluding squint). (2)	For all other conditions recorded in Table II A. (3)	Total. (4)
Entrants	68	413	469
Second Age Group	164	362	501
Third Age Group	141	328	452
Total (Prescribed Groups) ...	373	1,103	1,422
Other Routine Inspections ...	46	118	149
Grand Total ...	419	1,221	1,571 = 20.3%

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1937.

Defect or Disease.						Routine Inspections.		Special Inspections.	
						No. of Defects.		No. of Defects.	
						Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
Skin	...	...	Ringworm : Scalp	...	...	—	—	5	—
			Body	...	...	—	—	21	—
			Scabies	...	...	—	—	78	—
			Impetigo	...	...	3	—	614	—
			Other Diseases (Non-Tuberculous)	...	...	3	1	1376	—
Eye	...	...	Blepharitis	...	...	6	1	19	—
			Conjunctivitis	...	...	1	1	42	—
			Keratitis	...	...	—	—	—	—
			Corneal Opacities	...	...	—	—	—	—
			Other Conditions (excluding Defective Vision and Squint)	...	...	3	2	53	28
Ear	...	...	Defective Vision (excluding Squint)	...	...	419	185	268	191
			Squint	...	...	17	1	134	67
			Defective Hearing	...	...	139	43	83	6
			Otitis Media	...	...	37	2	182	13
			Other Ear Diseases	...	...	12	1	122	14
Nose and Throat	...	...	Chronic Tonsillitis only	...	...	61	153	12	12
			Adenoids only	...	...	29	25	25	4
			Chronic Tonsillitis and Adenoids	...	...	192	139	255	12
			Other Conditions	...	...	30	5	200	29
			Enlarged Cervical Glands (Non-Tuberculous)	...	...	4	42	35	8
Defective Speech	...	...	...	...	...	51	13	19	2
			Heart Disease : Organic	...	...	13	—	3	13
			Functional	...	...	27	68	2	—
			Anæmia	...	...	5	2	2	—
			Bronchitis	...	...	72	113	18	8
Lungs	...	...	Other Non-Tuberculous Diseases	...	...	6	6	25	1
			Pulmonary :	...	...	—	—	—	—
			Definite	...	...	—	—	—	—
			Suspected	...	...	23	—	1	—
			Non-Pulmonary :	...	...	—	—	—	—
Tuberculosis	...	...	Glands	...	...	3	—	—	—
			Bones and Joints	...	...	1	—	3	—
			Skin	...	...	—	—	—	—
			Other Forms	...	...	—	—	—	—
			Epilepsy	...	...	3	1	3	2
Nervous System	...	...	Chorea	...	...	—	—	10	1
			Other Conditions	...	...	4	15	4	2
			Rickets	...	...	1	1	16	4
Deformities	...	...	Spinal Curvature	...	...	73	9	24	4
			Other Forms	...	...	418	97	129	37
			Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)	...	...	62	38	722	302
Total number of Defects						1718	964	4505	760

TABLE II.—Continued.

B.—Classification of the Nutrition of Children Inspected during the year in the Routine Age Groups.

Age-groups.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	2443	305	12.5	1688	69.1	432	17.7	18	0.7
Second Age Group	2362	258	10.9	1658	70.2	407	17.2	39	1.7
Third Age Group	2311	311	13.4	1728	74.8	258	11.2	14	0.6
Other Routine In- spections ...	602	87	14.4	453	75.3	60	10.0	2	0.3
Total ...	7718	961	12.4	5527	71.7	1157	15.0	73	0.9

TABLE III.

Return of all Exceptional Children in the Area.

BLIND CHILDREN.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
4	—	—	—	4

PARTIALLY SIGHTED CHILDREN.

Children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision are not to be included in this Table.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	8	1	—	—	9

DEAF CHILDREN.

A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
12	—	—	—	12

TABLE III.—Continued.

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	6	1	1	—	8

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
54	18	7	6	85

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

In this part of the Table only those children are included who are epileptic within the meaning of the Act, *i.e.*, children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
8	5	1	2	16

TABLE III.—Continued.

PHYSICALLY DEFECTIVE CHILDREN.

Physically Defective children are children who, by reason of physical defect, are incapable of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for physically defective children.

A.—TUBERCULOUS CHILDREN.

In this category are placed only cases diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment are recorded as crippled children, provided that the degree of crippling is such as to interfere materially with a child's normal mode of life. All other cases of tuberculosis regarded as being no longer in need of treatment are recorded as delicate children.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.

(Including pleura and intra-thoracic glands.)

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
38	266	7	32	343

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

(This category includes tuberculosis of all sites other than those shown in (I) above.)

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
11	44	1	6	62

B.—DELICATE CHILDREN.

Children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
30	68	—	1	99

TABLE III.—Continued.

C.—CRIPPLED CHILDREN.

Children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, *i.e.*, children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the School curriculum as gardening or forms of handwork usually engaged in by other children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
14	126	1	2	143

D.—CHILDREN WITH HEART DISEASE.

Children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
7	3	1	7	18

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Children suffering from any combination of the following types of defect :—

Blindness (excluding Partially Sighted Children).

Deafness (excluding Partially Deaf Children).

Mental Defect (Feeble-minded).

Severe Epilepsy.

Active Tuberculosis.

Crippling (as defined in Section C above).

Heart Disease.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Epileptic and Cripple	—	—	—	1	1
Feeble-minded and Cripple	2	—	2	1	5
Epileptic, Cripple and Feeble-minded ...	2	—	—	—	2
Epileptic and Feeble-minded	2	—	—	—	2

TABLE IV.

Return of Defects treated during the Year ended
31st December, 1937.

TREATMENT TABLES.

Group I.—Minor Ailments (excluding uncleanness, for which
see Group VI).

Defect or Disease. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm—Scalp—			
(i) X-Ray Treatment ...	3	—	3
(ii) Other	2	—	2
Ringworm—Body	20	—	20
Scabies	78	—	78
Impetigo	614	3	617
Other Skin Diseases ...	1377	2	1379
Minor Eye Defects	142	—	142
(External and other, but ex- cluding cases falling in Group II.)			
Minor Ear Defects	469	12	481
Miscellaneous	1030	1	1031
(e.g., minor injuries, bruises, sores, chilblains, etc.)			
Totals	3735	18	3753

TABLE IV.—Continued.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including squint). (Operations for squint should be recorded separately in the body of the School Medical Officer's Report.)	996	9	1005
Other defect or disease of the eyes (excluding those recorded in Group I)...	—	—	—
Total	996	9	1005
No. of Children for whom spectacles were	Under the Authority's Scheme.	Otherwise.	Total.
(a) Prescribed	470	7	477
(b) Obtained	464	6	470

TABLE IV.—Continued.

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.												Received other forms of Treatment.	Total number treated.
Received Operative Treatment.													
Under the Authority's Scheme, in Clinic or Hospital				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)				(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
7	29	353	6	1	—	11	1	8	29	364	7	656	1064

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids.

(iv) Other defects of the nose and throat.

Group IV.—Orthopædic and Postural Defects.

	Under the Authority's Scheme.			Otherwise.			Total number treated.
	(1)			(2)			
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-Residential treatment at an orthopædic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-Residential treatment at an orthopædic clinic. (iii)	
Number of children treated	7	52	645	—	—	32	699

TABLE V.—Dental Inspection and Treatment.

(1) Number of Children inspected by the Dentist :—

(a) Routine age-groups

Age ...	5	6	7	8	9	10	11	12	13	14
Number	2081	1958	2167	2189	1864	1798	1788	1704	1580	650
								Total	...	17179
(b) Specials ...	...	...	...	...	...	...	...	...	...	3916
(c) Total (Routine and Specials) ...	...	...	...	...	...	...	...	...	...	21095
(2) Number found to require treatment	...	...	...	...	...	...	...	...	...	12588
(3) Number actually treated	...	...	...	...	...	...	...	...	...	8783
(4) Attendances made by Children for treatment	...	...	...	...	...	...	...	...	...	15567
(5) Half-days devoted to:—										
Inspection	...	...	...	...	...	...	...	...	...	148
Treatment	...	...	...	...	...	...	...	...	...	1730
								Total	...	1878
(6) Fillings :—										
Permanent Teeth	...	...	...	...	...	...	...	...	...	7014
Temporary Teeth	...	...	...	...	...	...	...	...	...	21
								Total	...	7035
(7) Extractions :—										
Permanent Teeth	...	...	...	...	...	...	...	...	...	3480
Temporary Teeth	...	...	...	...	...	...	...	...	...	13855
								Total	...	17335
(8) Administrations of General Anæsthetics for Extractions	...	...	...	...	...	...	...	...	...	3803
(9) Other Operations :—										
Permanent Teeth	...	...	...	...	...	...	...	...	...	555
Temporary Teeth	...	...	...	...	...	...	...	...	...	—
								Total	...	555

TABLE VI.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per School made during the year by the School Nurses	...	...	...	42
(ii.) Total number of examinations of Children in the Schools by the School Nurses	...	...	...	59820
(iii.) Number of individual Children found Unclean	...	...	...	1663
(iv.) Number of individual Children cleansed under Section 87 (2) and (3) of the Education Act, 1921	...	...	...	465
(v.) Number of cases in which Legal Proceedings were taken :—				
(a) Under the Education Act, 1921	...	...	...	—
(b) Under School Attendance Bye-laws	...	...	...	—

SECONDARY SCHOOLS.

Medical inspection was carried out, in 1937, at Taunton's, King Edward VI, Itchen Secondary School, Girls' Grammar School, and St. Anne's School.

At Taunton's School the arrangements for medical inspection remained excellent.

More detailed reports of the work carried out at the Girls' Grammar School, King Edward VI School, Itchen Secondary School, and St. Anne's School are appended.

GIRLS' GRAMMAR SCHOOL.

This is the first full medical year in the new buildings, and the benefit of the change in the increased air and sunlight is reflected in the general condition of the pupils, though some found the sunlight too trying, so that special blinds had to be provided. The fact that the playing fields are round the school gives excellent opportunity for physical education and recreation.

Owing to the recognized fact that more girls reach puberty before 14 nowadays, it was decided that 13 was a most important age, and it was decided to make routine examinations at 13 of girls who enter (especially from the elementary schools) just before they are 12. The routine 15-year-old inspection is postponed till nearly 16, as so many pupils leave as soon as they are 16, if work offers. Any case requiring routine inspection at 12 or later than 16 is, of course, included by the teacher. This enables special advice to be given as to the difficulties of adolescence.

On the whole the teeth are in better condition, and there is less opposition by parents to the remedy of eye defects and dental defects either by private practitioners or through the Clinic. The postural defects, however, are still very marked. Some are the result of mild rickets in infancy, some perhaps of mild malnutrition, and some are due to rapid development and consequent languor. The physical education experts give individual attention to severe cases, class exercises for the correction of scoliosis, kyphosis and flatfoot, and supervise extra rest during the lunch hour, or drill lesson for those who need this. In addition,

the facilities for a shower and rub down after games improve the general tone. Attention to posture in school can be encouraged by stimulating interest among the whole teaching staff in "keep fit" classes.

Biology is now taught throughout the school, and lessons in hygiene can be introduced in the course.

The parents attend well and take an interest in the advice given as to hours of sleep, homework methods, out of school recreation, and, where necessary, medical treatment.

KING EDWARD VI SCHOOL.

Routine medical inspection was carried out at this school as usual and there were no unusual findings to report.

The physique of the entrants was good; and few abnormalities were discovered apart from dental and ophthalmic defects.

Most of the other physical defects, detected during the previous medical inspection, had been treated by their regular medical attendants to whom they had been referred.

The new school buildings to be opened in the autumn of 1938 should prove of great benefit generally and especially as regards improved accommodation for medical inspection.

ITCHEN SECONDARY SCHOOL (BOYS).

It is gratifying to record the keen interest taken by the parents, particularly of the entrants, parents being present at 65% of the examinations. A number of boys living at a distance brought notes asking the Headmaster to act as proxy. Furthermore, it was noticed at subsequent inspections that recommendations about entrants had usually been carried out, even when similar advice given in the elementary school had been neglected. Remedy of such defects is undoubtedly one contributing factor to the marked improvement in the physique of the intermediates compared to the entrants. This all-round improvement, however, was also noticeable in boys with no defects on entering, and is greater than can be accounted for

merely by the increase in age. It is clear, therefore, that the healthy position of the school, combined with the attention given to Physical Training and diet, is having a good effect on the boys.

ITCHEN SECONDARY SCHOOL, GIRLS.

Routine medical inspection was carried out as in previous years. It was noticeable that the general physique of the girls was of a very high standard.

This may be partly due to the healthy situation of the school, and also to the attention paid to games and drill, which are carried out in the open air, when the weather permits. Additional advantages available to the scholars are the special classes held daily for those suffering from flat-foot or postural defects, thus saving the time taken in travelling to the East Park Remedial Clinic.

The commonest defect found during inspection was that of vision, which may be accounted for by the increased study of those working to take examinations.

ST. ANNE'S SCHOOL.

Medical inspection was carried out for the second time at this school, the first occasion being last year.

There was a good attendance of parents, who showed keen interest in the medical examination of their children, and an anxiety to follow advice given. It is a pity that fuller advantage is not taken of the facility offered to the children of mid-day meals. These hot dinners are provided at the school for the sum of 1/-. At present many of the scholars travel home for a hurried dinner, and return to the school too tired to benefit fully from their afternoon school instruction.

Among the most common of the defects were those of posture and vision; on the whole, the standard of nutrition was disappointing.

Facilities for medical inspection still leave much to be desired, particularly in regard to privacy and heating arrangements in the room at the time of examination.

SECONDARY SCHOOLS.

TABLE I.

Return of Medical Inspections during the Year ended
31st December, 1937.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections :—

Entrants	...	...	...	...	...	...	550
Intermediates	...	...	...	...	...	...	407
Leavers	...	...	...	...	...	...	117
							1074
Number of Special Inspections			...	...	...	...	23
Number of Re-inspections			...	...	...	...	161
							184
					Total	...	...
							1258

B.—Number of Individual Pupils found at Routine Medical
Inspection to require Treatment
(excluding uncleanness and dental diseases).

Group.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
Code Groups :			
Entrants 	550	90	16.5
Intermediates 	407	64	15.7
Leavers 	117	11	9.4
Total (Code Groups) ...	1074	165	15.4

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended
31st December, 1937.

Defect or Disease.					Routine Inspections. Number of Defects Found Requiring Requiring Treatment. Observation.	
Eye—						
	Defective Vision	...	...	...	100	18
	Other ...	...	...	...	2	1
Ear—						
	Defective Hearing	...	...	...	4	3
	Otitis Media ...	...	...	...	—	1
Nose and Throat—						
	Chronic Tonsillitis	...	...	...	2	14
	Chronic Tonsillitis and Adenoids	...	...	...	2	2
	Adenoids ...	...	...	...	3	1
	Other Diseases	...	...	...	5	2
Enlarged Glands					—	1
Heart Disease—						
	Functional	...	...	...	2	10
Lungs—						
	Bronchitis	...	...	...	3	5
	Other Non T.B.	...	...	...	1	—
Deformities—						
	Spinal Curvature	...	...	...	23	11
	Other ...	...	...	...	39	9
Other Diseases or Defects					11	6

TABLE IV.

Return of Defects treated during the Year ended
31st December, 1937.

Group II.—Defects of Vision and Squint (excluding Minor Eye
Defects treated as Minor Ailments).

Defect or Disease. (1)	Number of Defects dealt with.		
	Under the Authority's Scheme. (2)	By Private Practitioner or Hospital apart from L.A.'s Scheme. (3)	Total. (4)
Errors of Refraction (including Squint)	67	42	109
Other Defect or Disease of the Eyes	—	2	2
Totals	67	44	111

Total number of Children for whom Spectacles were prescribed :

(a) Under the Authority's Scheme	...	...	52
(b) Otherwise	...	...	34

Total number of Children who obtained or received Spectacles :

(a) Under the Authority's Scheme	...	...	52
(b) Otherwise	...	...	34

Group III.—Treatment of Defects of the Nose and Throat.

Received Operative Treatment.			Received other forms of treatment.	Total treated.
Under the Authority's Scheme in Clinic or Hospital. (1)	Otherwise. (2)	Total. (3)		
—	5	5	12	17

TABLE IV.

Secondary School Children treated in 1937.

Group IV.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

		Age.					
Routine Age Groups	}	5	...	—	}	Total	... 1696
		6	...	—			
		7	...	2			
		8	...	3			
		9	...	7			
		10	...	70			
		11	...	200			
		12	...	256			
		13	...	335			
		14	...	280			
		15	...	260			
		16	...	168			
		17	...	88			
		18	...	27			
Specials	99
Grand Total							1795

(b) Found to require treatment ... 1223

(c) Actually treated ... 373

(2) Half-days devoted to : { Inspection 10 } ... Total 10
 { Treatment —† }

(3) Attendances made by Children for Treatment ... 806

(4) Fillings { Permanent Teeth 875 } ... Total 875
 { Temporary Teeth — }(5) Extractions { Permanent Teeth 207 } ... Total 283
 { Temporary Teeth 76 }

(6) Administrations of General Anæsthetics for Extractions 62

(7) Other Operations { Permanent Teeth 60 } ... Total 60
 { Temporary Teeth — }

† Inspection was carried out in Secondary Schools, but no special sessions were devoted to treatment.

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